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ABSTRACT

This teacher's guide is designed for use by postsecondary child development instructors in programs that prepare students to be child caregivers or directors. Materials are developed for use in courses that have both a lecture and a laboratory. The instructor's guide is organized in six units covering the following topics: perspectives on child development; theories of child development; prenatal development and the neonate; development in infancy and toddlerhood; development in early childhood; and middle childhood and adolescent development. At the beginning of each unit, performance objectives and references are listed. Suggested classroom learning experiences provide instructors with teaching strategies to help students achieve the objectives. The unit test includes multiple-choice and essay questions. Transparency and handout masters are included for reproduction for classroom use. The instructor's guide also contains guidelines for student laboratory experiences as well as guidelines for evaluating students, for working with students with special needs, and for determining readability using the Fog index. A glossary, answer keys, and a bibliography of all references noted in the units, with publishers' addresses, complete the guide. (KC)

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# Principles and Theories of Child Development

## Instructor's Guide

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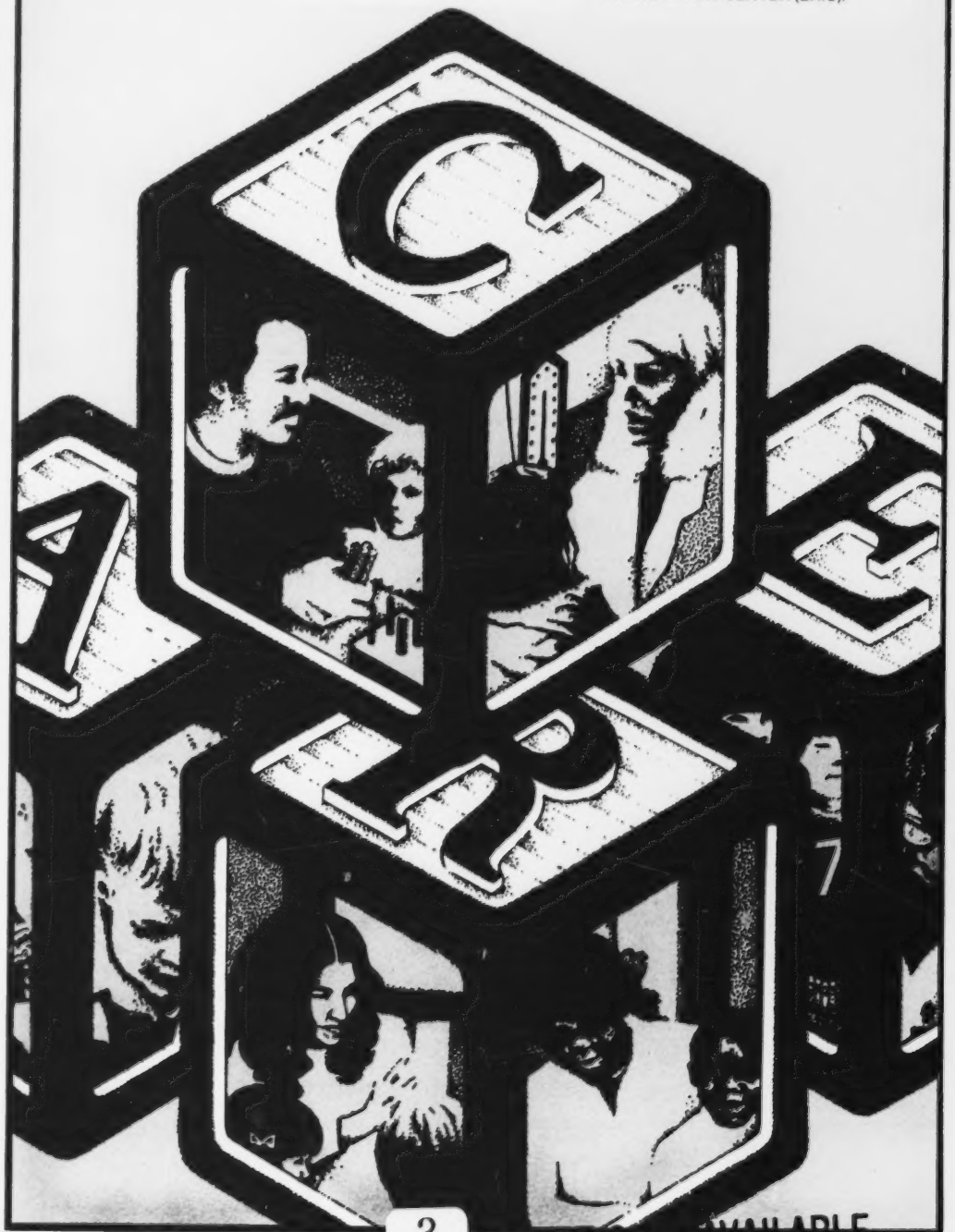


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Division of Post-Secondary Programs
Department of Occupational Education and Technology
Texas Education Agency
Austin, Texas



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# Principles and Theories of Child Development

**Instructor's Guide**

Developed By:

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# Table of Contents


| | | Page |
|---|---|---|
| **Acknowledgments** | | iii |
| **Introduction** | | 1 |
| **Guidelines for Evaluating Students** | | 5 |
| **Students with Special Learning Needs** | | 7 |
| **Determining Readability with the Fog Index** | | 9 |
| **Unit I:** | **Perspectives on Child Development** | |
| | Performance Objectives | 11 |
| | References | 12 |
| | Suggested Classroom Experiences | 15 |
| | Unit Test | 22 |
| **Unit II:** | **Theories of Child Development** | |
| | Performance Objectives | 27 |
| | References | 28 |
| | Suggested Classroom Experiences | 30 |
| | Unit Test | 36 |
| **Unit III:** | **Prenatal Development and the Neonate** | |
| | Performance Objectives | 41 |
| | References | 42 |
| | Suggested Classroom Experiences | 44 |
| | Unit Test | 53 |
| **Unit IV:** | **Development in Infancy and Toddlerhood** | |
| | Performance Objectives | 57 |
| | References | 58 |
| | Suggested Classroom Experiences | 60 |
| | Unit Test | 69 |
| **Unit V:** | **Development in Early Childhood** | |
| | Performance Objectives | 73 |
| | References | 74 |
| | Suggested Classroom Experiences | 76 |
| | Unit Test | 84 |
| **Unit VI:** | **Middle Childhood and Adolescent Development** | |
| | Performance Objectives | 89 |
| | References | 90 |
| | Suggested Classroom Experiences | 92 |
| | Unit Test | 102 |

Transparency Masters 107
Handout Masters 135
Glossary of Terms 167
Answer Keys 181
Bibliography
Books 183
Audiovisuals 192
Publishers List 197

# Introduction

*Principles and Theories of Child Development* is designed for use by post-secondary child development instructors in programs which prepare students to be child caregivers* or directors. The *Instructor's Guide* and *Student Laboratory Manual* are valuable tools for instructors of courses on child development. The materials are most effective in courses which have both a lecture and laboratory (lab).

Carefully selected textbooks and access to a quality child care program are essential for effective utilization of the materials. The materials coordinate effectively with most textbooks on young children. (See the Bibliography for possible textbooks.) To receive maximum benefit from the lab experiences in the *Student Laboratory Manual*, students must be able to both observe children and participate in their care. Centers selected for student use should meet or exceed state licensing standards.

Descriptions of the organization of the *Instructor's Guide* and *Student Laboratory Manual*, suggestions on how to use the materials, and guidelines on coordinating student lab work are summarized below.

## ORGANIZATION OF THE INSTRUCTOR'S GUIDE

The *Instructor's Guide* is organized into six units. At the beginning of each unit Performance Objectives and References are listed. Suggested Classroom Learning Experiences provide instructors with teaching strategies to help students achieve the objectives. The Unit Test includes multiple-choice and essay questions. Transparency and Handout Masters, which follow Unit VI, may be reproduced as needed for classroom use. Transparencies begin on page 107 and Handouts on page 135. The *Instructor's Guide* also contains a Glossary, Answer Keys, and Bibliography. The Bibliography at the back of the guide includes all references noted in the units.

*The term *child caregiver* as used in this manual refers to any individual regardless of job title, who has responsibility for the direct care of children in a group child care setting.

## ORGANIZATION OF THE STUDENT LABORATORY MANUAL

The *Student Laboratory Manual* is designed as a laboratory experience guide and workbook, written at a tenth-grade reading level. The format permits students to answer questions and make notes directly in the manual. Instructors should become thoroughly acquainted with the content of the student manual in order to work effectively with students in planning their lab experiences.

The student manual is organized into six units which correspond with the units in the *Instructor's Guide*. Each unit begins with Performance Objectives. The objectives correspond with the unit objectives in the *Instructor's Guide*. The Overview introduces basic concepts related to the unit topic. Suggested readings for in-depth study are given at the end of the Overview.

Lab experiences in each unit include both observation and participation assignments. The learning objectives for each experience will help students achieve one or more of the Performance Objectives. Self Evaluation and Participation Evaluation forms are included for the instructor's use in evaluating a student's performance in the lab. Other components of the *Student Laboratory Manual* include Guidelines for Successful Lab Experiences, Glossary, and Bibliography.

## USING THE MATERIALS

The *Instructor's Guide* can assist instructors in providing learning experiences for students in the classroom. Post-secondary students are characterized by a wide range of ages, educational backgrounds, work experiences, academic abilities, and reading levels. Instructors should keep these characteristics in mind when selecting teaching strategies from the *Instructor's Guide*. Teaching strategies include group discussions, posters, charts, games, lectures, role playing, felt boards, and others. Reading materials provided for students should accommodate various reading abilities.

An important point to remember about the *Instructor's Guide* and the *Student Laboratory Manual* is that they are not self-contained. To prepare for classes, instructors will need to refer to the references listed at the beginning of each unit. Students must study additional references in-depth in order to achieve the objectives. The instructor should assign appropriate readings for each unit topic. Assignments might be made from the references suggested at the end of the Overview or from other references selected by the instructor.

The instructor should prepare the overall course outline before the class meets at the beginning of the semester or quarter. The units may be covered in any order. The instructor can vary the number of classes devoted to each unit depending on the instructor's preferences and the amount of time available.

## GUIDELINES ON COORDINATING STUDENT LAB ASSIGNMENTS

Coordination of student's lab experiences is a challenging task for the instructor. Although post-secondary programs vary in their arrangements for student laboratory experiences, the following general guidelines should be helpful.

Several lab experiences are suggested in each unit of the *Student Laboratory Manual*. The instructor and student can decide which activities are most appropriate for that student. Some students may be able to complete most of the lab experiences. Other students may be able to complete only a limited number. Both the number of lab hours required for the course and students' abilities influence the number of experiences assigned.

Observation experiences can be scheduled at almost any time if the child care center has an observation booth. If there is no observation booth, no more than two students should be permitted to observe in each room at one time.

Participation experiences are more difficult to schedule than observation experiences. The instructor should remind students that regular daily routines of the children should not be disrupted. Students must plan their participation activities according to the general pattern of activities at the child care center. Avoid scheduling several students to do the same participation lab activity with one group of children.

Most lab experiences presented in the *Student Laboratory Manual* require 30 to 60 minutes, depending on whether the student is participating or observing. Time for making preparations, becoming accustomed to the children, and interacting with the children should be considered.

The instructor and student must work closely with the children's caregiver in planning and carrying out each lab experience. The caregivers should be involved in the scheduling of all student visits.

Some students will already be working as caregivers in a child care center. It may be appropriate and convenient for these students to carry out lab experiences in their own centers. The center's director should assist in planning the student's schedule to minimize disruptions of the center's activities.

Charts, wall calendars, or special notebooks might be used to keep a master schedule of all lab work. This would ensure that the instructor is aware of when and where students are observing or participating in lab experiences.

Coordinating the lab experiences with class meetings may not be possible in some situations. However, when classroom learning experiences and lab assignments are coordinated, students will benefit from combining theory and practical application.

# Guidelines for Evaluating Students

Student caregivers can be evaluated in terms of knowledge, psychomotor skills, and affective behaviors. When based on course objectives, evaluation provides useful information for both students and instructors. Evaluation provides students with feedback about their performance and usually a grade. Evaluation provides the instructor with information about the effectiveness of teaching strategies used in the course.

The Performance Objectives in each unit of *Principles and Theories of Child Development* identify specific behaviors the student should exhibit at the end of the instructional unit. These objectives can be used as a basis for developing evaluation instruments.

Performance objectives normally consist of three parts: (1) the specific behavior to be achieved, (2) the conditions under which the behavior is to be performed, and (3) the criteria for measuring achievement of the objective. The performance objectives used in these materials are statements of the specific behaviors to be achieved by the student. This allows instructors the freedom to decide which conditions and evaluation criteria are appropriate for their teaching situations. For example, one objective states that the student will, "Explain the importance of screening to identify children who may have special needs." Instructors should inform the students of the conditions and evaluation criteria. The objective in a complete form might be, "After completing assigned readings write a one-page summary explaining the importance of screening to identify children who may have special needs."

The materials include several components which will assist the instructors in evaluating students' knowledge, skills, and attitudes. However, instructors are encouraged to develop evaluation methods which best meet the needs of students enrolled in the course.

## EVALUATION OF KNOWLEDGE

The unit test at the end of each unit in the *Instructor's Guide* can be duplicated for all students. Answers to each unit's multiple-choice questions are at the end of the *Instructor's Guide*. The essay questions for each unit can be evaluated according to the instructor's criteria. The instructor may want to specify the criteria to the students before the test is administered.

## EVALUATION OF SKILLS

Student performance in the child care setting can be evaluated with the Participation Evaluation forms included in the *Student Laboratory Manual*. A form is provided in each unit. The instructor can decide how many times to observe each student. Before the student is observed, the instructor and student should have a planning conference. During the conference the student and instructor may go over the Participation Evaluation form. The instructor may fill in the specific behaviors to be observed during the participation experience. After the instructor observes the student, a follow-up evaluation conference provides an opportunity for the instructor to give feedback to the student. The evaluation conference is more effective when held as soon as possible following the participation experience observed.

Students are also provided with a self-evaluation check list at the end of units with participation experiences. This form can be used by students to evaluate their own performance.

## AFFECTIVE EVALUATION

Affective evaluation involves examining student's attitudes or feelings. Attitudes are reflective of the student's system of values or beliefs. As students strive to achieve the performance objectives, they are also forming attitudes about caregiving. In the classroom and lab, students display their attitudes in different ways. For example, they show interest, enthusiasm, commitment, diligence, patience, and many other attitudes.

If attitudes are to be evaluated in the course, students should be provided with a list of affective performance objectives. For example, students might be asked to "be aware of the feelings of parents when consulting with them about their child's development" or to "demonstrate a patient attitude toward a child with a slow learning style."

These materials do not include specific affective performance objectives. Instructors may decide which attitudes are appropriate to encourage in their students. However, several elements of the materials are useful for examining students' affective performance: case studies, role playing, essay questions, conferences with the student, and rating scales.

Evaluation of the student's caregiving abilities should include evaluation of knowledge, pyschomotor skills, and attitudes. In whatever ways the instructor chooses to evaluate student performance, the specific requirements of the course and the evaluation criteria should be stated clearly to the students at the beginning of the course.

# Students with Special Learning Needs

Community and junior colleges have traditionally offered educational opportunities to students with a wide variety of interests, needs, and abilities. Instructors are encouraged to meet the special learning needs of these students through individualized instruction and learning. Through individualized instruction and learning instructors can provide for all students without labeling special needs students and making them conspicuous within the group.

Students with special learning needs in the community or junior college might have some of the following characteristics:

- Limited English proficiency
- Underdeveloped reading skills
- Underdeveloped writing skills
- Underdeveloped study skills
- Physically handicapping condition
- Speech or language disability
- Audio learner
- Visual learner
- Kinesthetic learner
- Gifted or talented learner

While most community and junior colleges offer special services and resources to students with these and other special learning needs, classroom instructors must find ways to promote learning by working with each student's abilities.

Both the *Student Laboratory Manual* and the *Instructor's Guide* can assist instructors in providing individualized instruction and learning. Because the performance objectives are written with only the behavioral elements listed at the beginning of each unit, instructors can determine conditions and evaluation criteria for each individual student.

The *Student Laboratory Manual* features units with a variety of lab experiences. Students are exposed to the real world of child care and given the opportunity to participate. Hands-on experiences are highly effective with most special needs students because such students learn best by doing. Instructors and students can select experiences which will best meet the needs and match the learning abilities of the students. Instructors should feel free to modify learning objectives or create new labs to accommodate students.

The *Instructor's Guide* also features a variety of suggested classroom learning experiences. Some experiences are basic and simple, others are more challenging. Instructors can assign to students those activities which best meet their needs and match their learning abilities.

Instructors may find some of the following tips useful in serving students with special learning needs:

- Identify students' learning abilities and styles at the beginning of the course.
- Identify students' interests and needs at the beginning of the course. A simple questionnaire will give students an opportunity to provide information which will help you meet their learning needs.
- Work with each student individually to identify learning goals, objectives, experiences, and evaluation criteria.
- Check the reading level of the printed matter you plan to use. This can be done by using one of the simple readability formulas. Details on how to use the Fog Index follow this section.
- Use textbooks or media in a student's dominant language.
- Adapt the reading level of written materials by rewriting important sections at a lower reading level. Advanced students might do this, and in doing so, consolidate the materials in their own minds.
- Provide the option of oral rather than written tests.
- Have students maintain a vocabulary list of terms associated with your course.
- Review often key concepts, points to remember, directions, etc.
- Encourage students to ask questions when they do not understand. Check students' understanding by asking them to repeat back in their own words key concepts, points to remember, directions, etc.
- Break information down into small steps when possible. Identify the elements which compose a concept or skill. Provide step-by-step instruction.
- Involve more than one sense in a learning activity.
- Have students work in pairs or groups, matching students for maximum learning potential.
- Use learning centers so that students may select centers which best meet their needs. Vary the level of challenge among the centers.
- Provide plenty of time for students to complete assignments or classroom learning experiences. Have optional activities available for students who complete their work before others.

# Determining Readability with the Fog Index

Robert Gunning, in *The Techniques of Clear Writing*[1], established a readability yardstick known as the Fog Index. Using this readability formula helps instructors determine the reading level of printed matter to be used by students. To find the reading level of textbooks, handouts, or other printed matter, follow these steps:

STEP 1. Count the number of words in successive sentences, stopping with the sentence that ends closest to a 100-word count. Divide the number of words by the number of sentences to determine the average sentence length of the passage. (If the piece is long, it is wise to analyze several 100-word passages, spaced evenly throughout the work.)

STEP 2. In the 100-word sample, count the number of words containing three or more syllables. These are considered difficult words. Do not count proper names, combinations of short words (like bookkeeper or chairperson), or verb forms made three syllables by the addition of suffixes such as -ing, -ed, or -es (like trespasses). Figure the percentage of difficult words by dividing the number of words in the passage into the number of difficult words.

STEP 3. Add the average sentence length and the percentage of difficult words and multiply this figure by 0.4. The resulting number is the Fog Index or approximate reading grade level of the passage. A Fog Index of 13, 14, 15, 16, and 17 represent college freshman, sophomore, junior, senior, and graduate respectively.

EXAMPLE

According to the Fog Index, the following passage is approximately 10th grade reading level.

> The thinking which occurs before action is taken is one way to define planning. Planning comes first. Planning involves decisions about what goals and objectives should be set and how the organization will go about

[1] Gunning, Robert. *The Technique of Clear Writing*. New York: McGraw-Hill, 1968.

achieving these goals and objectives. Another way to describe planning is that it answers the questions: what, when, where, how, and by whom? Establishing or becoming aware of goals and objectives is the first step in planning. Goals are general statements that tell where the organization hopes to be at some point in the future. Goals are sometimes considered a finishing point.

STEP 1. $\frac{97 \text{ (number of words in passage)}}{7 \text{ (number of sentences)}}$

= 13.9 average number of words per sentence

STEP 2. $\frac{10 \text{ (number of difficult words)}}{97 \text{ (number of words in passage)}}$

= 10.3% difficult words

STEP 3. $(13.9 + 10.3) \times 0.4 = 9.7$ Fog Index or approximately 10th grade reading level

Performance Objectives

# Perspectives on Child Development Unit I

## Studying Development

- Define development.

## Principles of Development

- Explain the concept of developmental sequence.
- Describe the general patterns of development.
- Examine the reciprocal nature of the aspects of development: physical, emotional, social, and intellectual.

## Child Observation Principles

- Explain the importance of understanding individual differences when observing developmental changes.
- Prepare a set of guidelines for observing children.

## Developmental Issues

- Differentiate between quantitative and qualitative changes in development.
- Analyze the nature/nurture issue.
- Identify some of the internal and external influences on child development.
- Describe how human nature and development can be viewed.
- Analyze the relationship between theory and observations of behavior in children.

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*Child Development: The Preschool Years.*
*Individual Differences: Infancy to Early Childhood.*
*Learning About Human Behavior.*
*Physical Development.*
*Thinking Like a Child.*

**NOTE:** Complete citations can be found in the Bibliography at the end of this guide.

# Suggested Classroom Experiences

## Studying Development

OBJECTIVE

Define Development.

BRAINSTORMING: Ask the students to take a sheet of paper and write whatever thoughts (words or short phrases) come to their minds in response to a list of words you read to them. Read: growth, change, maturation, learning, experience, potential, and development. Allow 20-30 seconds between each word. Compile a listing of students' responses on the chalkboard. Use the list to structure a definition of the term development. KEY QUESTIONS: What is development? How may development be defined?

DISCUSSION: Locate three or more different definitions for development. (See reference list for suggested resources.) Read or show the definitions to the students using cards or handouts. Discuss ways the definitions are different and similar. Direct the class in the construction of a new definition of development which synthesizes the components of the different definitions stated or specifies more clearly what development is. KEY QUESTION: What does development mean?

TRANSPARENCY: Use Transparency 1 (Questions for Studying Child Development) to discuss changes in individuals in relation to child development. Stress the different emphases placed on the various comparisons made. KEY QUESTION: How is making comparisons between individuals important to the study of child development?

CIRCULAR RESPONSE: Read a comprehensive definition of development. Rotating throughout the class, ask each student to give an example of a human attribute which develops and note how each example illustrates an aspect of the definition. (For example: language, trust, walking, etc.) KEY QUESTIONS: What is development? How may development be illustrated?

PAMPHLET: Collect pamphlets for parents on various aspects of child development. These might be available from the following sources: doctor, hospital, Department of Human Resources - Child Licensing, or Health Department. Have students examine and compare each pamphlet. Discuss information presented, then

compile into a summary. KEY QUESTION: How can parents/caregivers benefit from learning about aspects of child development?

## Principles of Development

OBJECTIVE

Explain the concept of developmental sequence.

Q-SORT: Compile a list of 25 development tasks (e.g., social smile, laugh, reach, crawl, walk, run, climb stairs, etc.) Write each one on an index card. Place in random order on a table or board. Restate the definition of development. Ask: What is wrong? Clarify the concept of developmental sequence by having students as a group reorder the tasks in true developmental order. KEY QUESTION: What is developmental sequence?

DISCUSSION: Using the Q-sort from the above activity or another listing of developmental tasks, elaborate on sensitive periods. Define the term and discuss which tasks have sensitive periods. What is the nature of the sensitivity? KEY QUESTION: What are sensitive periods and what is the impact on developmental sequence?

RESOURCE PERSON: Ask a doctor or other professional to come to class and discuss prenatal sensitive periods for physical development. KEY QUESTION: How do external influences from the environment interact with sensitive periods to affect development?

TRANSPARENCY: Use Transparency 2 (Development is Sequential and Hierarchical) to illustrate a lecture on developmental sequence. KEY QUESTION: What is developmental sequence?

OBJECTIVE

Describe the general patterns of development.

HANDOUT: Use Handout 1 (Prenatal Developmental Sequence–Sensitive Periods) to illustrate a lecture on sensitive periods. Examine and discuss the various senstive periods and the areas affected. KEY QUESTION: How can internal and external influences on child development affect sensitive periods prenatally?

SMALL GROUPS: Prepare sheets of paper with one of the following headings on each: head-to-toe development, near-to-far development, epigenetic principle, orthogenetic principle, simple-to-complex development, and general-to-specific development. Divide the class into groups and give each group a sheet. Have the students discuss their patterns of development. Ask the groups to define or describe the pattern of development and think of examples. Have each small group share their results. Compile the results into one or more handouts. KEY QUESTIONS: What patterns guide development? What are some examples of each type of development? How can this pattern of development be observed in children?

TRANSPARENCY: Use Transparency 3 (Directions of Development) to illustrate an explanation of the direction of development. KEY QUESTION: What is proximodistal and cephalocaudal development?

ILLUSTRATED LECTURE: Choose an aspect of developmental progression (e.g., language, grasping). Trace it from birth, defining and illustrating the different patterns and principles as you go. (See for example: *Infants and Children* by Mildred C. Robeck, pp. 35, 62-64, 74-79, 216 and 260) or use Handout 2. KEY QUESTION: What do the following concepts mean: cephalocaudal, proximodistal, simple-to-complex, general-to-specific, differentiation, integration?

HANDOUT: Using Handout 2 (From Newborn to Toddler), have students cut apart the fifteen activities illustrated and arrange according to the developmental sequence.

OBJECTIVE

Examine the reciprocal nature of the various aspects of development: physical, emotional, social, and intellectual.

SMALL GROUPS: Have students form small groups. Using the handouts compiled for the previous objective, discuss how the principle illustrated is interrelated with others. KEY QUESTIONS: What is reciprocal interrelatedness? How may it be illustrated?

BRAINSTORMING: Ask students to brainstorm as many aspects of development as possible. Record these on the chalkboard or a poster board. (Some examples might include: body types, language, motor skills, locomotion, smiling, toilet training, birth order, IQ, communication, crying patterns, aggression, temperament, and age. After listing is complete, write the following four headings on the board: physical development, emotional development, social development, and intellectual development. Then ask students to consider how each class topic could relate to all four major areas of development. KEY QUESTION: How are aspects of development interrelated?

## Child Observation Principles

OBJECTIVE

Explain the importance of understanding individual differences when observing developmental changes.

GUEST SPEAKER: Invite a guest speaker to class who is a teacher/caregiver of children. Have the speaker present anecdotal developmental descriptions of several real students. After reading the descriptions aloud, ask the teacher to discuss the differences among the children and why it is important for teachers to be aware of those differences. Ask the teacher to discuss how the differences are taken into consideration when interpreting the children's development. KEY QUESTION: Why is it important to recognize individual developmental differences?

PICTURES: Assemble a group of magazine or other pictures of children of different ages. Have students spend a few minutes looking through them informally. As a group, discuss the ways in which the children are different from one another and why those differences are important. KEY QUESTION: Why is it important to recognize individual developmental differences?

OBJECTIVE

Prepare a set of guidelines for observing children.

ROLE PLAY: Have students role play how to observe children. Include scenarios which show objectivity, reliability, unbiased interpretations, and ethical handling of observed information. Have students list what they observed. KEY QUESTION: What should be kept in mind when observing children?

CIRCULAR RESPONSE: Following the above activity, rotate around the class having students in turn state what could be an error in observations, why it would be an error, and how the error can be avoided. KEY QUESTION: What are some possible errors made in observation, and how can they be avoided?

CHECKLIST: Have students compile the observation skills identified in the above activities into a self-checklist which they may later use in laboratory observations. KEY QUESTION: What guidelines may be used to check for appropriate observation habits?

HANDOUT: Using Handout 3 (Goals for Observing Young Children), present goals for observing young children. Stimulate discussion by asking why students think each is an important goal. KEY QUESTION: What can be gained from observing young children?

HANDOUT: Using Handout 4 (Overview of Observation Skills), discuss the various types of observation skills. Stress the recording of objective information. Have a few students role play a scene where a child has spilled the glass of milk and the caregivers respond to the situation. Have students make objective observations and then share with the class. Identify any subjective recordings.

TOUR: Visit a child care setting while children are not present. Discuss how the physical setting can be used to enhance observations. Discuss any observation that may be encountered in the setting. KEY QUESTION: How does the environment facilitate observation of children?

HANDOUT: Use Handout 5 (Tips for Observing Young Children) to organize a presentation on guidelines for observing young children. Discuss each point regarding why it is suggested. KEY QUESTION: What techniques promote successful child observations?

## Developmental Issues

OBJECTIVE

Differentiate between quantitative and qualitative changes in development.

ILLUSTRATED LECTURE: Assemble pictures of a caterpillar, cocoon, and butterfly. Display on easels or chalkboard tray. Show how the caterpillar eats to grow, and relate the growth to quantitative changes in children. Then point out the differences in structures and functions among the caterpillar, cocoon, and butterfly as an example of qualitative change. Cite examples of qualitative development observed in children. KEY QUESTION: What is the difference between quantitative and qualitative change?

EXHIBIT: Assemble the following items: cucumbers (both whole and sliced), dill pickles (both whole and sliced). Ask students to compare these items on several dimensions: shape, size, taste, smell, texture, appearance, etc. Guide the students in a discussion of whether these differences are quantitative or qualitative. KEY QUESTION: What are the characteristics of quantitative and qualitative change?

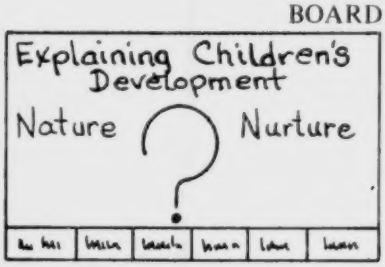
OBJECTIVE

Analyze the nature/nurture issue.

BRAINSTORMING: Divide the class in two groups. Assign nature to one, nurture to the other. Have each group think of as many aspects of development as possible which appear to be most influenced by the assigned view (nature or nurture). Have each group list their items on half a clear transparency (plan the halves so that the transparencies can be overlaid and shown at once). Compare the lists' similarities and differences. KEY QUESTION: What aspects of development can be understood by a nature or nurture view?

CIRCULAR RESPONSE: Go around the class asking every other student to state an aspect of development which can be understood by a nature or a nurture view. Ask the next student to explain how development is interpreted by that view. Invite students to interrupt if they believe the opposite view better explains the development. Have the interrupting students explain why. KEY QUESTION: What aspects of development can be understood by a nature or nurture view?

BULLETIN BOARD: Illustrate the ideas of the nature/nurture issue on a bulletin board. Prepare the title heading: "Explaining Children's Development." Place the heading across the top of the bulletin board. Cut out a large question mark (?). Place it in the center of the board. Place the words nature and nurture on either side of the area divided by the question mark (see illustration to left). At the bottom arrange small cards with words such as the following: heredity, experience, person, environment, innate, learned, external, internal, etc., on the appropriate side (may be done as a class activity). Use the bulletin board as a focal point



for a lecture or discussion. KEY QUESTION: What are the basic concepts of the nature/nurture issue?

OBJECTIVE

Identify some of the internal/external influences on child development.

CASE STUDY: Using information obtained from Lab Experience 6, have students present case study reports of internal and external influences on development. KEY QUESTION: What are internal and external influences on development?

TRANSPARENCY: Using Transparency 4 (Developmental Issues), create a lecture to define and describe the issues listed.

WALL CHART: On a large piece of paper, trace around a 3-6 year old child. Write the terms heredity, maturation, and physical state inside the lines, leaving space for adding notes. Briefly state the tenets of the nature/ nurture issue. Ask the class to brainstorm about nature (internal) influences on development. As ideas are generated, put them as words or phrases under the appropriate heading. Next, brainstorm examples of external influences. Write these outside the figure at random or categorized as desired. KEY QUESTION: What are some external and internal influences on development?

OBJECTIVE

Describe how human nature and development can be viewed.

PRESENTATIONS: Divide the class into three groups. Assign each group one of the following positions: mechanistic, organismic, and dynamic interaction. Have each group research and prepare a presentation about their basic views on the positions assigned. Conclude by having the students write a brief summary of the developmental view(s) they agreed with. KEY QUESTION: How can being aware of views about human nature and development affect your views about children's behavior?

PICTURES: Select a picture of a child or children engaged in a realistic activity in a natural environmental setting. Illustrating the mechanistic viewpoint, interpret the behaviors from the view of someone who thinks children are passively responding to the environment—that they only act the way they do because they have been reinforced to behave that way. Illustrating the organismic viewpoint, interpret the behaviors from the view of someone who believes that children actively construct their own experiences with the environment. Introduce the dynamic interaction perspective by interpreting the behaviors in terms of the interactions between children and the environment. Interpret the behavior in the picture from a mechanistic, then an organismic view. Introduce the dynamic interaction perspective. Ask the

class for their interpretations of behaviors seen in the picture. Discuss the different world views. KEY QUESTION: How do world views contribute to the understanding of children's behavior?

DISCUSSION: Ask the class to discuss and prepare answers to the following questions: How are the following the same or different—a 6-week-old embryo, and a 6-day-old neonate, a 6-month-old infant, and a 6-year-old child? What are the similarities and/or differences? Divide the class into groups assigned to a mechanistic or organismic viewpoint. Ask the groups with a mechanistic viewpoint to find examples of continuous, steady changes that are quantitative changes. Ask the groups with an organismic viewpoint to find examples of qualitative changes. KEY QUESTION: How do world views impact on explanations of development?

OBJECTIVE

Analyze the relationship between theory and observations of behavior in children.

SMALL GROUPS: Ask students to think of a situation recently in which they observed someone's behavior. Have the student describe the behavior objectively. Separate the class into small groups. Have the groups list the different ways that behavior could be interpreted. KEY QUESTION: How do people make sense out of what is observed?

TRANSPARENCY: Using Transparency 5 (Theory), illustrate a lecture on how theory is related to observations in children. KEY QUESTIONS: What is theory? How does it function?

SMALL GROUPS: Divide students into small groups. Ask each group to compile a list of popular beliefs about children (Examples: Children should be seen and not heard. Holding babies spoils them.) Discuss the effects each of those beliefs has on how people interact with, evaluate, or otherwise respond to children. Have each group report. KEY QUESTION: How do the theories held about children influence what we see in them and how we react to them?

# Perspectives on Child Development
# Unit I Test

**DIRECTIONS**

For items 1-20, select the letter of the phrase which best completes the statement. Write the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ In order to appropriately evaluate how to act toward children, people must
   A. spend some time in therapy.
   B. have competency-based teaching.
   C. be aware of how information about children is gathered and interpreted.
   D. conduct research with children.

2. _____ Developmentalists study all the following *except*
   A. how children differ from each other.
   B. individual similarities.
   C. similarities in children.
   D. how children change.

3. _____ People who study child development are more interested in
   A. stable changes rather than temporary changes.
   B. processes of change rather than products of change.
   C. how development proceeds in a given area.
   D. all of the above.

4. _____ Development is all of the following *except*
   A. systematic, orderly change.
   B. sequential and hierarchical change.
   C. change across time.
   D. a process of change which is completed in adolescence.

5. _____ When considering developmental changes, the most important factor is
   A. the sequence of those changes.
   B. the age at which the changes occur.
   C. the number of changes that occur in any area.
   D. the rate of change.

6. _____ Sensitive periods are times when
   A. children can get their feelings hurt easily.
   B. women cannot cope.
   C. the child's development is sensitive to the effects of specific outside influences.
   D. mothers are depressed soon after the birth of a baby.

7. _____ The principle governing the sequencing of development from the head to the feet is called
   A. orthogenetic development.
   B. cephalocaudal development.
   C. proximodistal development.
   D. unilateral development.

8. _____ The epigenetic principle states that
   A. new parts emerge from what is already there.
   B. heredity is more important than environment.
   C. the child's body parts will develop in a uniform way.
   D. body parts are safer from outside influences the more rapidly they are developing.

9. _____ The item which is *not* a developmental principle is the principle of
   A. simple-to-complex development.
   B. isolation of elements.
   C. the relatedness of all areas of development.
   D. general-to-specific development.

10. _____ Werner's orthogenetic principle involves the process of
   A. integration followed by differentiation.
   B. integration of non-differentiated parts.
   C. corrective inheritance.
   D. differentiation followed by integration.

11. _____ The physical, emotional, social, and intellectual aspects of development are
   A. interrelated with each other.
   B. independent of each other.
   C. not related until middle childhood.
   D. loosely related to each other.

12. _____ A subjective observation
   A. is the best kind.
   B. gives little or no information about the actual behavior.
   C. enables other people to know exactly what was happening.
   D. is reliable.

13. _____ Interpretations about the meaning of behaviors should be based on several observations in order to be
   A. reasonable.
   B. objective.
   C. subjective.
   D. valid.

14. _____ Caregivers should not make hasty interpretations due to the wide range of
   A. individual differences in behavior and skills.
   B. possible observations to make.
   C. assessment tools available.
   D. similarities children show.

15. _____ Recording an event that has already taken place is an example of
   A. event sampling.
   B. time sampling.
   C. an anecdotal record.
   D. a running record.

16. _____ The item which is *not* a developmental issue is
   A. mechanistic/organismic world views.
   B. quantitative/qualitative development.
   C. orthogenetic/differentiation stages
   D. nature/nurture influences.

17. _____ Some internal influences on child development are
   A. heredity, maturation, and physical state.
   B. heredity, diet, and family interaction.
   C. socioeconomic status, diet, and genetics.
   D. maturation, physical state, and parental attitude.

18. _____ The statement which illustrates the reciprocal nature of development is:
   A. Social development is influenced by and influences intellectual development.
   B. A baby will make swats with big arm movements before reaching and grasping.
   C. In embryonic development, the internal organs develop first–later arms, hands, and fingers.
   D. When reaching and grasping abilities have differentiated, they will then be integrated so the baby can get an object it wants.

19. _____ A theory does *not*
   A. describe changes in human growth and development.
   B. make facts meaningful.
   C. predict facts which we are likely to observe.
   D. verify which facts are true.

20. _____ Formal, scientific theories
   A. follow the same principles as informal theories.
   B. are more organized than informal theories.
   C. make more specific predictions than informal theories.
   D. all of the above.

**DIRECTIONS**

For items 21-22, write a short essay.

21. Discuss the use of subjective observations and objective observations. Give examples of each.

22. An observer notices a female child kicking all of her male peers for several days in a row. What interpretations might be made about this behavior? What other information is needed to make an accurate interpretation? How might the observer's theories affect the observations and interpretations?

# Performance Objectives

# Theories of Child Development Unit II

## Biological Approaches

- Explain the importance of Gesell's normative/maturational theory.
- Explain the major contributions of theories of ethology.

## Stimulus-Response Approaches

- Define the major elements of classical conditioning.
- Describe operant conditioning.
- Differentiate social learning theory from the other stimulus-response theories.

## Psychoanalytic Approaches

- Explain the major contributions of Freud's theory of psychosexual development.
- Describe Erikson's theory of psychosocial development.

## Cognitive Developmental Approaches

- Describe information processing theory.
- Explain Piaget's stage theory of cognitive development.
- Explain the importance of Mead's symbolic interaction theory.

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## GENERAL REFERENCES

***See Unit I***

## AUDIOVISUALS

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*Guiding Environmental Discovery*

*Heredity and Environment*

*Jean Piaget: Memory and Intelligence*
*Piagetian Theory*
*Individual Differences: Infancy to Early Childhood*
*Child Development: The Preschool Years*
*Individual Differences: Infancy to Early Childhood*
*Learning About Human Behavior*
*Physical Development*
*The Skinner Revolution: A Closeup on a Great Thinker and His Influential Ways*

**NOTE:** Complete citations can be found in the Biblography at the end of this guide.

# Suggested Classroom Experiences

## Biological Approaches

OBJECTIVE

Explain the importance of Gesell's normative/maturational theory.

HANDOUT: Present Handout 6 (Normative Behaviors) in a discussion of normative-maturational theory. Discuss how the norms were obtained and how they have been used. KEY QUESTION: How has the concept of "normal" contributed to the biological approach to development?

INTERVIEW: Have students conduct an interview of a couple with small children. The interview should be concerned with the expectations they had about their child's abilities. Some questions might include: Before your child was born, did you know anything about how children develop? Did you know when certain things, like sitting up, were supposed to happen? What were these expectations based on: reading, experience, or advice from friends and relatives? Was your child developing "on time" with your expectations? Did your expectations cause any special problems? Did they help you in any way? KEY QUESTION: What is the importance of Gesell's maturational norms for parents?

OBJECTIVE

Explain the major contributions of ethological theory.

LECTURE: Present an overview of the key features of the the biological approaches. Include definitions of terms: norms, maturational readiness, ethology, stimuli, adaptive, innate, etc. Illustrate examples with descriptions of the work of Bowlby and Gesell. KEY QUESTIONS: What is unique about a biological approach to development? What contributions to the field have resulted?

REPORTS: Divide the class into three groups. Using the Grace Craig's text entitled *Human Development*, present the information about Konrad Lorenz's studies on imprinting (p.177), Harry Harlow's studies on social deprivation (p.179), and Mary Ainsworth's studies on attachment (p.180). Ask each group to summarize the reported findings of the studies and discuss the implications for child development. KEY QUESTION: What contributions to the field of child development have resulted from the use of a biological approach to development?

TRANSPARENCY: Using Transparency 6 (Maslow's Hierarchy of Needs) on the humanistic perspective of development, discuss Maslow's theory of the hierarchy of needs. Review the dimensions of physical, emotional, social, and intellectual development represented. Point out the interrelationship between these areas which facilitate growth toward actualization. Focus on the particular needs of infancy. Note how the development of the parent/caregiver also affects the child's development. KEY QUESTION: How does this approach differ from the other theories?

HANDOUT: Using Handout 7 (Theories of Child Development and Learning), present a comparison of the various theories covered in this unit. Ask students to discuss ways in which the activities they plan and the discipline they use might vary according to the theory being used.

## Stimulus-Response Approaches

OBJECTIVE

Define the major elements of classical conditioning.

DISCUSSION: Introduce a discussion of Stimulus-Response (S-R) approaches by sharing a personal experience, or one of an acquaintance, with conditioning (e.g., Tell how fear of some thing/event followed an aversive experience with it.) Ask students to write down similar experiences on index cards to be passed anonymously to the instructor. After reading aloud several cards, discuss how well these events explain other developmental changes.

ILLUSTRATION: State a developmental task such as learning to tie shoe laces. Ask how S-R can explain the accomplishment of the developmental task. Illustrate on the chalkboard S-R events in a chain illustrating the explanation. KEY QUESTION: How does S-R explain development?

TRANSPARENCY: Using Transparency 7 (Classical Conditioning), trace the process of classical conditioning. Ask students to think of other examples of classical conditioning (e.g., a breastfed baby cries, mother hears crying, milk is automatically released.)

SIMULATION: Using a large doll, a white toy mouse, another small white furry toy animal, and a loud bell, simulate the "little Albert" experiment of Watson (See Robeck, p. 277). Explain how S-R works. Ask students to illustrate the experiment in chart form. Note the ethical considerations of such experiments. KEY QUESTION: How does S-R explain development?

OBJECTIVE

Describe operant conditioning.

GUEST SPEAKER: Invite a caregiver or teacher who uses behavior modification principles to share his or her experiences with the class. Emphasize the purposes behind choosing behavior modification, the

proper use of these techniques in a classroom, and the possible negative as well as positive effects. KEY QUESTION: What is behavior modification and how does it help to explain development?

HANDOUT: Using Handout 8 (Behavior Modification Method), explain behavior modification principles. Discuss examples of child behavior in which these principles could be used for positive results. KEY QUESTION: What are some elements of stimulus-response theories used in child development?

OBJECTIVE

Differentiate social learning theory from the other stimulus-response theories.

BRAINSTORMING: Divide the students into groups and have them brainstorm examples of behavior acquired through observational learning or modeling. Give each group an age level to discuss: infancy, toddlerhood, early childhood, middle childhood, and adolescence. KEY QUESTION: What makes the social learning theory different from the other stimulus-response theories?

OBSERVATION: Divide the class into groups and assign each an age level to observe for signs of modeling. Groups are to observe their age level for two days and record examples of social learning. The observations can be made at a park, a movie theater, shopping mall, grocery store, on television, or anywhere children are seen. The age levels to be observed are: toddler, early childhood, middle childhood, adolescence.

## Psychoanalytic Approaches

OBJECTIVE

Explain the major contributions of Freud's theory of psychosexual development.

LECTURE: Introduce psychoanalytic theories with a lecture explaining their origin and later developments. Introduce Freud and Erikson as primary contributors. Define basic terms and processes. KEY QUESTION: What is Freud's psychosexual theory? What is Erikson's psychosocial theory? What terms need to be known to understand these theories?

RESEARCH REPORT: Have interested students prepare a report on the life of Sigmund Freud for presentation in class. Relate events in Freud's life to his theory of development. KEY QUESTION: How might Freud's life experiences affect his view of development? How do our own experiences color our views?

BRAINSTORM: List and discuss the defense mechanisms that were included in the overview of information in the Unit II Overview in the Student Laboratory Manual. Have students brainstorm examples of each type of defense. KEY QUESTION: How do children defend themselves against threats to their egos?

DISCUSSION: Lead a class discussion about how young children begin to internalize society's values. Use particular values (such as cleanliness, obedience, helpfulness, independence) to illustrate and stimulate discussion. Discuss the parents' role in internalization. Point out how internalization and identification go hand in hand. KEY QUESTION: How do children come to take their parents' and society's values as their own?

OBJECTIVE

Describe Erikson's theory of psychosocial development.

HANDOUT: Using Handout 9 (Stages in Psychoanalytic Theory), compare the psychosexual and psychosocial perspectives within psychoanalytic theory. Illustrate each stage and crisis as it is reviewed by describing a real life event. KEY QUESTION: How do psychosocial and psychosexual perpectives clarify development?

CASE STUDY: In the Overview in the Student Laboratory Manual, a brief case study was presented of Erikson's life-span ego crisis resolution. Using this case study as a guide, construct an opposite example to illustrate the resolution at each stage toward the negative pole. Point out how normal development has neither all positive nor all negative resolutions. Most people are not at either extreme. Have students generate an illustration portraying some positive, some negative, and some middle or neutral resolutions for each crisis. KEY QUESTIONS: How do persons resolve psychosocial ego crises? What kinds of outcomes are possible?

BIOGRAPHY: Have interested students prepare a biography of Erik Erikson's life and identify each of the eight stages in his life. KEY QUESTION: How did Erikson's life experiences affect his psychosocial theory?

## Cognitive Developmental Approaches

OBJECTIVE

Describe information processing theory.

TRANSPARENCY: Using Transparency 8 (Information Processing), explain information processing theory. KEY QUESTION: How does information processing theory explain cognitive development?

GAME: Write the following three columns on poster board:

| | | |
|---|---|---|
| flower | bee | blossom |
| nectar | honey | dew |
| insect | tree | leaves |
| elm | petunia | soil |

Ask students to look at the lists for 60 seconds and try to remember all the words listed. After 60 seconds, turn the poster board away. Students are to write down as many words as they remember. When everyone is finished, ask them to share

how many words were remembered. Students who remembered more than seven items should share their strategies. (Note: Most adults can remember about seven bits of information. Five-year-old children can remember about four items at a time, and three-year-olds can only remember three bits of information.)

Students who were able to remember more than seven items probably used some memory strategy such as rehearsing, which involves repeating the words silently or aloud over and over. Another strategy is linking, which involves grouping the words together in some way, either visually, verbally, or conceptually. Students might have made up a nonsense sentence using all the words, or they may have made up a nonsense word using the first letters of all the words.

While there are many strategies the students may have used, it is important for them to recognize that young children do not use strategies that call for higher levels of cognitive processing. KEY QUESTIONS: What implications does the lack of effective memory strategies in young children have for child caregivers? How can caregivers help young children remember important things better?

REPORT: Ask students to report on Jerome Bruner and Robert Gagne. Discuss the similarities and differences in their approaches to explaining cognitive development. KEY QUESTION: How can information processing theory be used to aid learning?

OBJECTIVE

Explain Piaget's stage theory of cognitive development.

HANDOUT: Using Handout 10 (Piaget's Periods of Cognitive Development), introduce the basic divisions of Piaget's stages of cognitive development. Explain some of Piaget's methods to illustrate how he arrived at his theory. KEY QUESTION: What are Piaget's cognitive developmental stages?

BUZZ GROUPS: Have small groups share information about Lab Experience 10 in which students observed and categorized children's behavior into examples of Piaget's stages of cognitive development. KEY QUESTIONS: How can caregivers recognize the cognitive developmental stages in children? Why is this an important skill?

EXHIBIT: Create an exhibit to illustrate Piaget's methods of differentiating the stages of cognitive development. Include materials for demonstrating object permanence and conservation. Include a stand-up card with the title "Cognitive Development–from Sensorimotor to Formal Operations." Show some books by or about Piaget with relevant passages marked with string or highlighting. KEY QUESTION: What is the contribution of Piaget to understanding children's development?

TRANSPARENCIES: Use Transparency 9 (Assimilation) and Transparency 10 (Accomodation) to illustrate the basic processes of Piaget's theory of

cognitive development. Ask the students to come up with two examples of each process from their own experiences. KEY QUESTION: What kinds of assimilation and accommodation do infants and young children experience?

REPORT: Have interested students prepare a report on the life of Piaget. They could focus on different aspects of his life and work. For example, they could review his educational background, his hobbies as a child, his early work which led to formulation of his theory, the range of topics about which he wrote during his lifetime, or how his own children helped him develop his theory of cognitive development.

OBJECTIVE

Explain the importance of Mead's symbolic interaction theory.

BRAINSTORM: In any society, people communicate with each other through systems of symbols that have shared meanings. Ask students to brainstorm other symbol systems besides language. For example, certain gestures, like waving a hand, mean certain things in certain situations to members of our society. Peer groups or individual families may also share symbols. KEY QUESTION: Why are shared symbol systems important to a group of people? How do we acquire these shared meanings?

GROUPS: Divide the class into three groups and assign them either *imitation, play*, or *games*. Ask them to think of ways child caregivers could promote the development of the self-other system during these stages. List these and report back to the group. KEY QUESTION: Why is the development of the self-other system important during childhood?

POSTER: As young children become more aware of themselves and begin to separate from caregivers, they also begin to imitate the behavior of people closest to them. Give students a catalog containing toys and have them create a poster of toys that encourage children to model behavior of significant others. KEY QUESTIONS: How do toys contribute to symbolic play? How might toys detract from symbolic play?

# Theories of Child Development Unit II Test

**DIRECTIONS**

For Items 1-18, select the letter of the phrase which best completes the statement. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ Normative/maturational theory states that mental growth
   A. can be seen in social skills.
   B. can be seen in physical skills.
   C. can be seen in intelligence testing.
   D. cannot be determined during infancy.

2. _____ The ages and stages approach to studying development has revealed that
   A. most children develop the same skills at pretty much the same times.
   B. maturational readiness is not a developmental concern.
   C. growth norms depend to a large extent on environment.
   D. mental growth is unrelated to physical skills.

3. _____ Maturational readiness means that a child must
   A. have environmental support before maturation takes place.
   B. have enough training in a motor skill so that he/she can mature.
   C. be mature enough in a given area before training does any good.
   D. be ready to mature at least by early childhood.

4. _____ Normative data is
   A. information about the variation in growth and abilities.
   B. information about average growth and abilities.
   C. information about individual differences.
   D. none of the above.

5. _____ Two developmental theories with a strong biological basis are
   A. ecological and adaptive theories.
   B. psychosexual and symbolic interaction theories.
   C. ethological and normative/maturational theories.
   D. operant conditioning and ethological theories.

6. _____ Ethological validity means that
   A. research findings are true in real life, not just in labs.
   B. the ecology of the planet is taken into account.
   C. economic factors determine whether a finding is true or not.
   D. innate reactions are the only true reactions.

7. _____ Innate reactions are
   A. learned reactions to environmental stimuli.
   B. conditioned responses to environmental stimuli.
   C. unlearned reactions to environmental stimuli.
   D. insufficient reactions to environmental stimuli.

8. _____ Comparative research involves
   A. comparing human behaviors to animal behaviors.
   B. comparing behaviors found in different cultures.
   C. trying to find out whether human behaviors are innate.
   D. all of the above.

9. _____ Ethology is the study of
   A. animals in their natural environments.
   B. animals in laboratory experiments.
   C. ethnic differences among people.
   D. all of the above.

10. _____ The statement which is *not* true of stimulus-response approaches to explaining behavior is that
   A. biological processes are considered to be unimportant.
   B. they are mechanistic and nurture-based.
   C. they see the child as an active participant in his/her own development.
   D. important developmental changes are the result of conditioned responses and extinction.

11. _____ In conditioning, one stimulus is
   A. replaced by another.
   B. associated with another.
   C. the cause of many responses.
   D. likely to cause root damage.

12. _____ Successful behavior modification in a group depends on
   A. choosing the same reinforcement for everyone.
   B. being flexible about when reinforcements are used.
   C. using punishments more than reinforcements.
   D. carefully individualized planning of consequences.

13. _____ In social learning theory, a model is
   A. anyone who is attractive enough to imitate.
   B. anyone who shows a behavior that others observe.
   C. a way of looking at the world.
   D. the schedule of reinforcements planned.

14. _____ Freud contributed to understanding children by proposing that
   A. society's values are internalized through formal education.
   B. the important aspects of personality do not develop until adolescence.
   C. they have unconscious mental processes which help to protect them from extreme anxiety.
   D. their relationships with parents are not as critical to early development as it was once believed.

15. _____ Erikson's theory of psychosocial development is different from Freud's psychosexual theory in that
   A. Erikson feels social and cultural influences on the ego are more important than the influences of the libido.
   B. their stages do not correspond with each other.
   C. Freud proposed more stages than Erikson.
   D. Erikson believes that any developmental changes after adolescence are not important.

16. _____ Information processing theory stresses
   A. the way the child and society interact to explain development.
   B. conditioning in order to explain development.
   C. the quantitative changes in the development of better strategies for thinking.
   D. the unimportance of experience.

17. _____ Piaget's stage theory of cognitive development stresses
   A. an inborn tendency toward adaptation to the environment.
   B. an inborn tendency toward organization of behavioral systems.
   C. the interaction between maturation and experience.
   D. all of the above.

18. _____ Mead's theory of symbolic interaction is
   A. a theory of cognitive development.
   B. a theory of social development.
   C. a theory of personality development.
   D. a theory of the the reciprocal nature of cognitive social, and personality development.

**DIRECTIONS**
For Items 19-21, write a short essay.

19. List and give examples for five defense mechanisms seen in children. Discuss how each of these defense mechanisms might be both helpful and harmful.

20. Discuss how Mead's symbolic interaction theory emphasizes the reciprocal nature of all aspects of development.

21. From your experiences with children, give two examples of behavior or thought processes which are characteristic of the following Piagetian stages:

sensorimotor

preoperations

concrete operations

formal operations

Performance Objectives

# Prenatal Development and the Neonate Unit III

## Physical Processes

- Explain the basic genetic components and processes.
- Identify methods of diagnosing birth defects prenatally.
- Describe the process of conception.
- Describe the abilities and activities of the fetus.

## Prenatal Environmental Influences

- Identify factors in the uterine environment which may cause fetal development to be altered.
- Explain the importance of the three trimesters of fetal development.
- Identify parental characteristics which affect prenatal development.
- Explain the importance of medical care to prenatal development.
- Describe the possible effects of poverty on the prenatal environment.

## Birth Processes

- Describe the stages of labor.
- Explain the various methods of delivery.
- Describe the roles of fathers during the birth process.
- Describe the possible effects of the methods of delivery.

## The Neonate

- Describe hospital procedures for treating the neonate immediately after its birth.
- Describe the appearance of the typical newborn.
- Explain how the body systems of the neonate make the transition from the uterine environment.
- Identify the reflexes present at birth.
- Identify the sensory abilities of the newborn.
- Differentiate among the states of the neonate.
- Describe the bonding process between parents and infant.

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***See Unit I.***

## AUDIOVISUALS

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*Rt. 1 The First Two Months*
*From Generation to Generation: Genetic Counseling*
*Human Reproduction: What You Should Know*
*The Labor and Delivery Series*
*Life Before Birth*
*Newborn*
*The One of Us*
*When Life Begins*
*You're Eating For Two*

**NOTE**: Complete citations can be found in the Bibliography at the end of this guide.

# Suggested Classroom Experiences

## Physical Processes

OBJECTIVE

Explain the basic genetic components and processes.

EXHIBIT: Construct a poster display of key genetic terms. Enlarge simple drawings produced by students. Have students add definitions prepared on cards. Choose from: chromosome, gene, mitosis, sperm, ova, endoderm, ectoderm, mesoderm, embryo, etc. KEY QUESTION: What are some basic genetic components and processes?

HANDOUT: Use Handout 11 (Dominant and Recessive Inheritance) to discuss genetic inheritance. Ask students to identify examples of recessive traits in themselves and list responses on the board. Examples might include: eye color, hair color, handedness).

AUDIOVISUAL PRESENTATION: Select an appropriate audio-visual program. (For example:" Human Reproduction"; see suggested references). Allow question/discussion time. KEY QUESTION: What are some basic genetic components and processes?

ILLUSTRATED LECTURE: (HANDOUT) (TRANPARENCIES) Use Handout 12 (Chromosomes), Transparency 11 Reproduction of Genetic Code) and Transparency 12 (Inheritance) to review the principles of genetics. KEY QUESTION: What are some basic genetic components and processes?

OBJECTIVE

Identify methods of diagnosing birth defects prenatally.

INVENTORY: Compile an inventory of community resources for diagnosing birth defects. Present this inventory as a transparency, poster, or handout. Accompany it with lecture material or discussion. KEY QUESTION: What does your community have to offer concerning birth defect prevention?

PAMPHLETS/ CHARTS: Obtain pamphlets containing information concerning methods of diagnosing birth defects from the local chapter of the March of Dimes. Have students prepare a chart identifying different types of defects and possible methods of detection. KEY QUESTION: What methods are available to diagnose birth defects?

TRANSPARENCY: Review Transparency 13 (Prenatal Factors Which Can Cause Birth Defects). Discuss each type of defect pointing out how the socioeconomic status (SES) variable and life style variables are important. KEY QUESTIONS: What prenatal factors can cause birth defects? What methods are available to diagnose birth defects?

STUDENT REPORTS: Have students select a method of birth defect detection on which to report in class. Have them work in pairs or small groups. Draw comparisons between methods in terms of risk, resulting information, ethical issues, etc. KEY QUESTION: What methods are available to diagnose birth defects?

OBJECTIVE

Describe the process of conception.

AUDIOVISUAL PRESENTATION: Refer to program selected above. KEY QUESTION: What methods are available to diagnose birth defects?

TRANSPARENCY: Use Transparency 14 (Conception) to review the process of conception. KEY QUESTION: How does conception proceed?

OBJECTIVE

Describe the abilities and activities of the fetus.

LECTURE: Review the stages of development and corresponding abilities and activities of the developing child. KEY QUESTION: What can the developing child do in each stage?

INTERVIEW REPORTS: Have students share interview reports prepared for Lab Experience 12. Note on chalkboard or overhead projector similarities and differences between the findings of the reports. KEY QUESTION: How may developing babies differ from one another in terms of movements felt by the mother?

## Prenatal Environmental Influences

OBJECTIVE

Identify factors in the uterine environment which may cause fetal development to be altered.

GUEST SPEAKER: Ask a physician or nurse to speak to the class about factors which may change the uterine environment so that normal fetal development is altered. Have the person also note actions that can be taken to minimize dangers or reduce risks. KEY QUESTION: What factors can alter the prentatal environment?

POSTERS: Divide class into small groups. Give each group several sheets of poster board or newsprint and markers. Tell each group that they are to prepare a set of posters that could be put up in a prenatal care clinic about how a mother's behavior can affect the fetus.

STUDENT REPORTS: Have students report on factors which may change the uterine environment. Have them work in pairs or small groups. Suggest

they use materials available from the March of Dimes. KEY QUESTION: What factors can change the uterine environment so that normal development is altered?

OBJECTIVE

Explain the importance of the three trimesters of fetal development.

GROUP INTERVIEW: Divide the class into five small groups. Assign each group one of the following to interview: obstetrician, college nurse, family doctor, expectant woman, or childbirth educator. As a class cover the following topics: prenatal environmental influences in general, to each trimester, and as they interact; the role of medical care; influential parental characteristics; and effects of poverty on prenatal life. Ask permission to tape record responses. Note this activity is designed to be coordinated with other upcoming objectives. KEY QUESTIONS: What are the stages of pregnancy? Why is each important? What particular risks exist in each?

FLIP CHART AND HANDOUT: Prepare a flip chart presenting key event information for each trimester. Prepare a flip chart like a calendar with each page representing a prenatal week. Use Handout 13 (Summary of Prenatal Development) as a guide and present to students with the lecture. KEY QUESTIONS: What important events occur in each stage of pregnancy? What critical and sensitive periods parallel these events?

CHECK LIST: During a lecture on the key events of each trimester, have students list items in the form of a "do you know?" reminder checklist. KEY QUESTION: What are the most important points to remember about each trimester?

OBJECTIVE

Identify prenatal characteristics which affect prenatal development.

GROUP DISCUSSION: Review the group interview from the previous objective. Follow with small group discussions or select one of the following techniques. KEY QUESTION: What characteristics of parents influence prenatal development and how?

"ADVICE COLUMN": Have pairs of students prepare "letters" as if from concerned expectant parents, grandparents, friends, etc. Trade letters around the group and brainstorm for possible "advice." Share ideas with the group and discuss. KEY QUESTION: What are the concerns of parents regarding their own influences on prenatal development?

RADIO SPOTS: Have small groups of students prepare a series of 10, 30, and 60 second spots for a public service broadcast. Arrange to have them aired on campus or local radio. KEY QUESTION: What do parents need to know about how they influence prenatal development?

POSTERS: Have students prepare posters of prenatal advice for parents. Conduct a 15 minute "poster fair" in class followed by a discussion of the points presented by the posters. Have students arrange to display their posters in community locations. KEY QUESTION: How can parents be encouraged to provide the best prenatal environment possible?

OBJECTIVE

Explain the importance of medical care to prenatal development.

PANEL DISCUSSION: Review appropriate portions of the group interview prepared earlier concerning medical care and prenatal development. KEY QUESTIONS: What is prenatal medical care? Why is it important to the developing child and to the mother?

GUEST SPEAKER: Invite a nurse educator to lecture on the topic of prenatal medical care. Allow for question/discussion time. KEY QUESTIONS: What services are provided by prenatal medical care and why? What are the benefits?

ROLE PLAYING: Have students role play a conversation with a young pregnant woman who is undecided as to whether she will seek prenatal medical care. One student should try to convince the pregnant woman to seek such care. Students can then summarize the reasons for seeking medical care. KEY QUESTION: What are the main benefits of prenatal medical care?

OBJECTIVE

Describe the possible effects of poverty on the prenatal environment.

STORYTELLING: Read selected passages or brief fictional and true-life accounts of family life in poverty (e.g., Steinbeck's *Grapes of Wrath*). As students listen, have them list the positive and negative influences on prenatal environment. Use this activity as an introductory attention-getting technique or summary technique to stimulate discussion or lead into a fact-giving lesson. KEY QUESTIONS: What areas of life are affected by poverty which in turn affect prenatal life? How can these effects be overcome within a poverty setting?

GROUP INTERVIEW: Review tapes of group interviews and have students prepare a report to present accounts of the effects of poverty on prenatal life. Have students ask questions and discuss issues raised. KEY QUESTION: What are some effects of poverty on the prenatal environment?

VOLUNTEER WORK: Arrange for students to participate in some sort of volunteer program concerned with helping members of a low income neighborhood. Have students record any description of the living condition observed and discuss the effects these conditions could have on prenatal life. KEY QUESTION: What are the effects of poverty on prenatal life?

## Birth Processes

OBJECTIVE

Describe the stages of labor.

FILM: Show a film depicting labor and delivery. Select one from the list of suggested resources. KEY QUESTION: What are the stages of labor?

FLIP/CHART LECTURE: Use a flip chart showing the changing positions of the fetus during labor to illustrate the purpose of labor and the changes accompanying each stage. Use the chart to accompany a lecture on the stage of labor. KEY QUESTION: What are the changing positions of the fetus during labor?

OBJECTIVE

Explain the various methods of delivery.

OBSERVATION: Arrange for students to visit ongoing classes in prepared childbirth in the community *or* obtain a videotape of the relevant portion for viewing in class.

RESEARCH/ DEBATE/ DISCUSSION: Assign particular methods to student pairs or to small groups to research. Include prepared childbrith, Caesarean, Leboyer, home birth, etc. Hold a debate in which the student pairs/ groups present their findings, pro and con, for each method. KEY QUESTIONS: What are the methods of delivery? What are advantages/disadvantages of each?

INTERVIEW: Conduct interviews of three or four women who have experienced different methods (e.g., normal vaginal delivery, planned Caesarean, emergency Caesarean, home birth, "birthing room," etc.) Conduct the interviews in class or at another time videotaping or audiotaping for later class use. Show all or portions in class or transcribe for individual student use. KEY QUESTIONS: What is the subjective experience of parents who use different delivery methods? What positive/negative factors contributed to the experiences?

SURVEY: Ask students to ask two or more women if they have considered home birth and why. In class, tally results and make an advantages and disadvantages chart on the board as students report findings. KEY QUESTIONS: Why are home births becoming more popular? Should anyone who wants to have a home birth? Why?

CASE STUDY: Prepare fictional or interview-based case studies of couples choosing and using various methods of birthing. Have students summarize key points in outline or other form. KEY QUESTION: What are the different methods of delivery and their advantages and disadvantages?

OBJECTIVE

Describe the roles of fathers during the birth process.

GUEST SPEAKER: Invite a small group of (3-5) new fathers having different labor/birth experiences (contact local childbirth trainers for suggested persons) to speak to class. Ask them to talk about their labor/birth experiences and have each one summarize with "tips for expectant fathers." Or, conduct the group outside of class and videotape/audiotape for later presentation or transcription. KEY QUESTIONS: What are the roles fathers can assume during the birth process? What benefits/problems are encountered with differing roles or experiences?

READING ABSTRACT NOTEBOOK: Have students locate, read, and abstract popular and/or scholarly articles concerning the father's role in the birth process. Collect and reproduce the abstracts. Assemble in a notebook. KEY QUESTIONS: What roles can fathers assume during the birth process? What positive/negative outcomes are possible for father, mother, child?

PAMPHLET: Have students summarize their abstract notebooks into pamphlet form. (Or have them refer to learnings from the guest buzz group or some other activity.) Use the pamphlet exercise as a summarizing technique or other concluding activity. KEY QUESTIONS: What roles can father play during the birth process? How can fathers prepare ahead?

OBJECTIVE

Describe the possible effects of the methods of delivery.

DEFINITION TOURNAMENT: Assemble a group of references (see bibliography). Prepare terms or phrases on slips of paper. Include: Lamaze, forceps, fetal monitor, anesthetic terms, IV, pitosin, episiotomy, etc. Have students draw one or two slips of paper and use reference books to locate the definition of the term and its use. Have students write the answers on the papers and replace the slips in the drawing container. Have students redraw for the "tournament" and read the response. When everyone agrees on the definition and use, post the information in class on a chart. Continue the tournament until all terms have been defined and discussed. KEY QUESTION: What are various "methods" of delivery and how are they performed?

PRESS CONFERENCE: Invite an "expert" on delivery to class (e.g., childbirth educator, obstetric nurse.) Have students prepare a question regarding a method of delivery. Students can ask the expert questions regarding the long- and short-term effects of use of the various methods of delivery as if they were reporters at a press conference.

## The Neonate

OBJECTIVE

Describe hospital procedures for treating the neonate immediately after its birth.

SIMULATION: Using a "newborn" doll, simulate hospital procedures for treating the neonate immediately after its birth. Include suctioning,

weighing, measuring, printing, warming, etc. KEY QUESTION: What are standard hospital procedures after a birth and what is the purpose of each?

HANDOUT: Using Handout 14 (What's the Score?) on Apgar scoring, discuss the history, procedure, and application of Apgar scoring. KEY QUESTION: What is an Apgar score and what is it used for?

TOUR: Arrange a tour of one of your community's neonatal care units. Arrange for a nurse to explain procedures and equipment. (Note: this activity may be coordinated with the field trip in the next group of activities.) KEY QUESTION: What procedures and equipment are used in immediate care of newborns?

OBJECTIVE

Describe the appearance of the typical newborn.

STORYTELLING: Using Brazelton's *Infants and Mothers*, read excerpts about the newborns described. Have students list their reactions projecting their feelings and thoughts as if they were the mother. Discuss the differences as depicted by Brazelton and the various reactions projected by the students. KEY QUESTIONS:How do newborns look? What is the subjective experience of people to the newborn's appearance?

FIELD TRIP: Visit the newborn viewing area of a local hospital. Point out ways the neonates are similar and different in appearance. KEY QUESTION: How do typical neonates look?

PICTURES: Assemble a group of pictures of newborns. Use them in a bulletin board or to illustrate a lecture or discussion. KEY QUESTION: How do typical neonates look?

OBJECTIVE

Explain how the various body systems of the neonate make the transition from the uterine environment.

CHALKBOARD LECTURE: List on the chalkboard the body systems which must make a transition to self-regulation after birth. Include respiratory, digestive, and temperature regulations, and hormonal functions. Review each one explaining precautions or special care that is needed as the transition is made. KEY QUESTIONS: What nenoate body systems require adjustment after birth to self-regulation? What care is needed for the baby during the transition period? What problems may happen and what might their effects be?

GUEST SPEAKER: Invite a pediatrician to speak on body system transitions after birth. Have the doctor emphasize potential problems and appropriate care. KEY QUESTIONS: What neonate body systems require adjustment to self-regulation after birth? What care is needed for the baby during the transition? What are potential problems?

OBJECTIVE

Identify the reflexes present at birth.

FILM: Choose a film from the references suggested. Have students list reflexes presented. KEY QUESTION: What reflexes are present at birth, and how do they appear?

FLASHCARDS: Make flashcards showing examples of reflexes in neonates. Each student should have a set of cards with the names of the reflexes printed on them. Hold up a card showing a reflex, read a brief description of the action involved, and ask students to respond by holding up the correct title. KEY QUESTIONS: What reflexes are present in neonates? What purposes do reflexes serve?

LAB EXPERIENCE: Using information gathered in Lab Experience 16, have students report findings. List on the board reflexes that students observed. KEY QUESTION: How do reflexes naturally occur?

HANDOUT/ TRANSPARENCY: Using Handout 15 (Reflexes) and Transparency 15 (Reflexes), discuss reflexes present at birth. Discuss possible purposes for each. KEY QUESTION: What is the purpose of each reflex?

OBJECTIVE

Identify the sensory abilities of the newborn.

FILM: Choose a film from the list of suggested films. Have students view a film and take notes on sensory abilities presented. KEY QUESTION: What are the sensory abilities of the newborn?

GUEST DEMONSTRATION: Invite a mother and newborn to class. With the mother's help conduct some of the demonstrations suggested in the student's Lab Experience 19. KEY QUESTION: What are the sensory abilities of the newborn?

DISCUSSION: Discuss values to future growth and development of each sensory ability. Discuss problems resulting from an absent or inhibited ability. KEY QUESTIONS: What do the neonate's sensory abilities contribute to development? What might be the effects of handicaps during the neonatal period?

OBJECTIVE

Differentiate among the states of the neonate.

FIELD TRIP: Visit a hospital nursery. Point out the different states that various neonates are in. (Note: this activity can be coordinated with earlier ones.) Observe state changes and effects of caregiving interruptions. KEY QUESTION: What state differences are observable among a group of neonates?

LOG DISCUSSION: Enlist the help of a new mother. Have her record states and changes of her infant and her responses to them over a designated period (e.g., 24 hours). Review this record in a discussion. Note range of states, frequency of change, differences in responses,

etc. KEY QUESTIONS: How do newborn states vary across a typical day and night? How do these states influence the caregiver's responses?

OBJECTIVE

Describe the bonding process between parents and infant.

DISCUSSION: Prepare a two-part lecture. In part 1, present "ideal" bonding. In part 2, present a range of events which may interfere with bonding and their potential effects. Discuss differences between the two portrayals including possible steps for making up for less than ideal circumstances. KEY QUESTIONS: What is bonding? How does it proceed ideally? What interruptions are common, and what effects result?

RESOURCE PERSONS: Invite a couple and their new baby to class. Informally discuss with them their bonding experiences. Include behaviors and feelings, initial experiences, and ongoing experiences. Note mother and father differences. KEY QUESTIONS: What is the bonding process between parents and newborn? What is the subjective experience of parents?

# Prenatal Development and the Neonate Unit III Test

DIRECTIONS:

For items 1-18, select the letter of the phrase which best completes the statement. Write the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ Genes are transmitted to children from
   A. parents.
   B. the bloodstream.
   C. the uterus.
   D. mutations.

2. _____ The stages of development proceed in the following order:
   A. germinal, fetal, and embryonic.
   B. embryonic, germinal, and fetal.
   C. fetal, embryonic, and germinal.
   D. germinal, embryonic, and fetal.

3. _____ Two types of inheritance are
   A. dominant and recessive.
   B. genetic and chromosomal.
   C. dominant and variable.
   D. trait and genetic.

4. _____ Birth defects can
   A. sometimes be identified prenatally by amniocentesis.
   B. not be identified before birth.
   C. be identified after birth by ultrasound.
   D. never be reversed.

5. _____ The uterine environment
   A. is not affected by external influences.
   B. is set genetically and cannot be changed.
   C. is sensitive to a number of factors outside the mother.
   D. does not change during pregnancy.

6. _____ The first trimester of pregnancy
   A. is the most important for proper body formation.
   B. involves preparing the child for birth.
   C. ends when the fertilized ovum has implanted.
   D. is not very susceptible to outside influences.

7. _____ A father
   A. has no real role in prenatal development.
   B. is more trouble than help during pregnancy.
   C. can do nothing to affect prenatal development.
   D. can help prenatal development by making the mother feel safe and relaxed.

8. _____ A mother who lives in poverty
   A. has just as good a chance for a healthy baby as anyone.
   B. probably does not care as much as middle-class mothers.
   C. may lack important resources she and the baby need.
   D. does not deserve to have a healthy baby.

9. _____ Prenatal care begins
   A. when an expectant mother visits a doctor.
   B. at conception.
   C. when a woman goes into labor.
   D. with good health practices before pregnancy.

10. _____ The stages of childbirth proceed in the following order:
   A. labor, birth, delivery of the placenta.
   B. delivery of the placenta, labor, birth.
   C. birth, labor, delivery of the placenta.
   D. labor, delivery of the placenta, birth.

11. _____ Prepared methods of childbirth
   A. avoid the use of drugs during labor and delivery.
   B. are usually attended by the whole family.
   C. teach the father how to delivery a baby in an emergency.
   D. are for the convenience of doctors and hospitals.

12. _____ Long labor
   A. may exhaust the mother and stress the baby.
   B. allows the mother to become better prepared for the baby.
   C. is common among women who have given birth before.
   D. is good because the baby is born more slowly.

13. _____ A typical newborn
   A. has a furry coating called vernix.
   B. is coated with a thick, greasy white substance called collagen.
   C. has fine hair over the body known as lanugo.
   D. has a head which looks too small for the body.

14. _____ Transitions in the bodily system of the neonate include all but one of the following:
   A. self-regulation of body temperature.
   B. independent circulation of the blood.
   C. stablizing the heart rate and blood pressure.
   D. rapid weight gain in the first few days.

15. _____ Reflexes present at birth
A. have no values for survival.
B. disappear at birth.
C. may continue or drop out during the first year.
D. are curious leftovers of evolutionary history.

16. _____ Sensory capabilities of the newborn
A. appear gradually during the neonatal period.
B. are functional at birth in the normal infant.
C. are limited.
D. are well coordinated at birth.

17. _____ Behavioral states of the newborn
A. are shown uniformly during the neonatal period.
B. exclude crying as it is a reflexive behavior.
C. include sleep states, awake states, and crying.
D. exclude deep sleep which is an absence of behavior.

18. _____ The bonding process between parents and their child
A. includes reciprocal attraction and response.
B. requires no effort by parents or child.
C. is instinctual for mothers.
D. requires early bonding time to be successful.

**DIRECTIONS**

For items 19-20, write a short essay.

19. Discuss how the prenatal environment may influence the developing baby.

20. Describe how characteristics of the neonate influence the bonding process.

# Performance Objectives

# Development in Infancy and Toddlerhood Unit IV

## Physical Development

- Describe the growth patterns of infants and toddlers.
- Describe development of the nervous system during infancy and toddlerhood.
- Trace infant and toddler motor skill development.
- Examine factors affecting physical development in infancy and toddlerhood.

## Intellectual Development

- Trace the development of perception in infancy.
- Describe cognitive development in infants and toddlers.
- Identify conceptions people may have about the understanding and intentions of infants.
- Describe language development in infants and toddlers.

## Emotional and Social Development

- Describe emotional development in infants and toddlers.
- Describe social development in infants and toddlers.

## Reciprocal Nature of Development

- Examine the interaction among physical, emotional, social, and intellectual development during infancy and toddlerhood.
- Develop an environment that provides appropriate sensory stimulation for infants.
- Propose a plan for successful toilet training.
- Analyze the relationships among play, autonomy, and cognitive development.

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*Development of the Child: Language*
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NOTE: Complete citations can be found in the Bibliography at the end of this guide.

# Suggested Classroom Experiences

## Physical Development

OBJECTIVE

Describe the growth pattern of infants and toddlers.

FILM: Show a film or filmstrip on infancy. Ask the students to watch for specific details of physical development. At the end of the film have them write a brief summary.

DISCUSSION: Discuss the student observations from Lab Experience 20. On the chalkboard compile a list of all observed characteristics of the different age levels. Compare the class list with a developmental check list available in one of the references. KEY QUESTION: What similarites and differences were observed?

JOURNAL: Ask students to keep a two-day anecdotal journal of infants and toddlers. Their observations should focus on the physical abilities. For example, students might record observations made at a restaurant or shopping mall, at a grocery store or of children seen on television programs or in commercials. Students can share their observations at the next class session.

OBJECTIVE

Describe development of the nervous system during infancy and toddlerhood.

TRANSPARENCY: Using Transparency 16 (The Human Brain), define and point out the different parts of the brain. Continue to use the transparency to illustrate a lecture on infant and toddler brain development. Include information on the functioning of the different parts, myclinization, and dendrite development. KEY QUESTIONS: What are the parts of the brain? How does the brain develop? Name some things that can affect brain development.

BRAINSTORMING: Have students brainstorm a list of behaviors which a 3, 6, and 9 month old can do. (The instructor may have to participate if the students do not know much about infants). Then include a list of behaviors evidenced in a 12, 18, and 24 month old. Write the lists in columns on the chalkboard. Use the lists to illustrate development toward increasing control which occurs as brain development proceeds. Point out ways in which the parent/caregiver fills in for behaviors the babies cannot do at the different ages. KEY QUESTIONS: How does brain development advance toward increasing control in infancy and toddlerhood?

SAMPLES/DISCUSSION: Collect a group of infant and toddler toys (or pictures of toys) and pictures of infants at approximately 3, 6, 12, 18 and 24 months of age. Have students assign toys to the appropriate aged child. Discuss the choices in terms of the kind of stimulation the toy offers and the ability of the infant to engage in responsible behavior (play) with it. Emphasize the importance of a stimulating environment to brain development. Review myelinization and dendrite development and the importance of stimulation to these processes. KEY QUESTION: What is the role of stimulation to brain development?

BULLETIN BOARD/ CIRCULAR RESPONSE: Enlarge Transparency 16 for a bulletin board. Place in the center of a prepared board. Have students print on cards the parts and functions, then arrange the cards on the board with string arrows to the corresponding parts. Have students take turns writing important facts to know about brain development on additional cards. This activity can be used as a summarizing technique in a circular response pattern. The cards can then be pinned to the lower and side borders of the bulletin board. Students may respond in pairs if the class is large. KEY QUESTION: How can knowledge of infant and toddler brain development be summarized?

OBJECTIVE

Trace infant and toddler motor skill development.

FLIP CHART: Prepare a flip chart highlighting the sequence of motor development across the first year. Prepare each page like a month calendar. List on each page typical advances for that month of development. Use to illustrate a lecture on motor development in infancy. KEY QUESTION: What is the sequence of motor development in infancy?

PICTURE Q-SORT: Collect (or have students collect) magazine or other pictures of infants of various ages engaging in typical motor activities. Mount on plastic or cardboard for easy handling. Place randomly on a table. Have students work individually or in small groups to order the pictures to reflect developmental sequence. (Rearrange between persons or groups.) Have students identify any gaps that remain (any significant motor skills which are not portrayed). KEY QUESTION: What is the developmental sequence of infant motor skill?

HANDOUT: Give students a copy of Handout 16 (Sequence of Motor Development). Recall the principles of development taught in Unit I and how they apply to motor development in infancy and toddlerhood. Use as an introduction to this unit. KEY QUESTION: How does motor development in infancy and toddlerhood proceed?

DISCUSSION: Following a review of infant motor developmental norms, discuss ways development may deviate from the norm. Make a contrast of differences that are normal and differences which suggests a problem. Interject specific information regarding developmental differences of children with Down's Syndrome

or another specific problem. KEY QUESTION: How does infant and toddler motor development vary?

HANDOUT: Again using Handout 16, discuss the motor skills involved in each activity. Differentiate between large and small motor skills. Compare the difficulty of the various tasks. KEY QUESTION: What self-help motor skills are developing during toddlerhood?

OBJECTIVE

Examine factors affecting physical development in infancy and toddlerhood.

BULLETIN BOARD/ DISCUSSION: Select a large picture of a newborn and of an older infant 12-18 months old. Title the prepared board "Infant Toddler Development." Place the newborn picture in the upper left hand corner and the toddler picture in the lower right. Sketch with a wide marker on the background a roadway (may be straight or bending). Prepare cards in the shape of vehicles with the following words: touch, nutrition, or sensitivity. As you add the cards to the roadway, discuss the special contributions of each category to infant and toddler development. Point out adverse effects on development caused by a lack within each category. KEY QUESTION: What factors are important to general physical development in infancy and toddlerhood?

GUEST SPEAKER: Invite a pediatric nurse or other health professional to class to talk about infant health care. Plan question/discussion time for students. KEY QUESTION: What basic health care is needed to enhance infant physical development?

OBSERVATION: Have students observe infants and toddlers in a child care setting with special attention directed to the setting environment. Analyze the environment in terms of its potential impact on physical development. Have students present brief summary reports of their observations and analyses. KEY QUESTION: How does environment impact on physical development in infancy and toddlerhood?

PAMPHLETS: Have students make a list of factors which affect physical development. Then have them design a pamphlet appropriate for parents about the factors listed. KEY QUESTION: What factors affect physical development?

HANDOUT: Give students a copy of the Handout 17(Abilities and Nutritional Needs of Infants and Toddlers). KEY QUESTIONS: What is a well-balanced diet? If the nutritional needs of the infant are not met, what problems do you foresee? Name some ways the meeting of nutritional requirements can affect the growth patterns of infants and toddlers.

## Intellectual Development

OBJECTIVE

Trace the development of perception in infancy.

LECTURE: Give an introductory lecture about perceptual development in infancy with a review of the experiments that were done for changes discussed in Unit II. Restate each of the areas of sensory development. Include information about the kinds of learning which results from the different types of perceptions. KEY QUESTION: What is perceptual development?

DISCUSSION: Using a typical days activities for a child care setting, review the segments and discuss what opportunities each affords to perceptual learning. Discuss ways in which variations in the schedule for different age groups appeals to differing levels of perceptual development. KEY QUESTION: How does perceptual ability vary across infancy?

CIRCULAR RESPONSE: Rotating around the class, have students share observations from Lab Experience 21. Have them state one observation and the learning it suggests. Proceed by category or have students reply at random. KEY QUESTION: How does perceptual development proceed in infancy?.

OBJECTIVE

Describe cognitive development in infants and toddlers.

CASE STUDY: Using excerpts from Piaget's writing such as *Play Dreams, and Imitation in Childhood*, explain each of the six stages of sensorimotor intelligence. Or, prepare brief illustrative case studies from observations of children in a child care setting. KEY QUESTION: What are the stages of cognitive development in infancy?

TRANSPARENCY: Use Transparency 17 (The Sensorimotor Period) to illustrate the teaching of Piaget's theory of cognitive development. Have students think of examples of these behaviors. KEY QUESTION: What is Piaget's theory of cognitive development in infancy and toddlerhood? How is object permanence developing at each stage?

OBSERVATION REPORTS: Assign to six groups of students one of each of the six stages of sensorimotor learning. Have the students pool their observations to prepare a report on their stage. KEY QUESTION: How may infant cognitive development be described?

FILM: Show a film or audiovisual from the suggested list to illustrate infant cogntive development. Allow question/discussion time. KEY QUESTION: How do infants learn?

DEMONSTRATION: Using two infants, one under 6 months, one approximately 18 months demonstrate object permanence. Use a cloth and a toy to illustrate the different capability of the infants—that when hidden under the cloth, the toy is nonexistent to the younger infant, but just hidden to the older one who will search it out. Discuss the implications of not having vs having object permanence. KEY QUESTION: What is object permanence and its role in infant cognitive development.

OBJECTIVE

Identify conceptions people may have about the understanding and intentions of infants.

CARTOONS: Assemble a group of cartoons which project inaccurate capabilities of infant minds (e.g., Marvin). Enlarge a cartoon as poster or project one with an opaque projector. Read as is and have students analyze what the cartoon projects about infant thinking. Have students discuss the inaccuracy in terms of how parents/others may respond to the child when believing the inaccuracy. KEY QUESTION: What inaccurate conceptions may people have about infant thinking?

BRAINSTORMING: Show a picture of an infant crying. Have students brainstorm possible meanings that they or others may attribute to the crying. Write the list on the chalkboard. Review the items, evaluating each for probable accuracy given the age of the child. Reevaluate the items according to probable accuracy for other ages. KEY QUESTION: What are accurate/inaccurate conceptions of infant behavior?

ROLE PLAYING: Given a misconception sometimes held by adults concerning infants, students will role play the reaction a person with that type of attitude might have toward an infant. Example: One misconception might be that infants are "adults in tiny packages and as such can think and reason like an adult." The infant drinks all the milk in the bottle and begins crying. What reaction would this type of caregiver have?

OBJECTIVE

Describe language development in infants and toddlers.

AUDIOTAPE: Prepare an audiotape of infants vocalizations at progressively older ages. Play the tape as an introductory, attention-getting device. Ask questions leading into a lecture/discussion of infant language development. KEY QUESTION: How does language development proceed during infancy into toddlerhood?

HANDOUT: Use Handout 18 (Language Development) to illustrate receptive and expressive language development. KEY QUESTION: How does receptive language development aid expressive language?

BUZZ GROUP: Have students compare their lab observation notes of infants. Have students note differences among the children (e.g., numbers of vocalizations, sounds made, persons/objects vocalized to, etc.). KEY QUESTION: How do infants of various ages use language, vocalization, or sounds?

HANDOUT: Use Handout 19 (Sequence of Language Acquisition) to illustrate how language development depends on social interactions. KEY QUESTION: How can adults help language development to proceed at each stage?

## Emotional and Social Development

OBJECTIVE

Describe emotional development in infants and toddlers.

STUDENT REPORTS: Have students report on observations from Lab Experience 22. Reports may be in small groups or before the whole class. Summarize by drawing comparisons among the infants observed. KEY QUESTION: How do infants vary in temperament?

DISCUSSION: Set a stage for a discussion of the relationship between adult emotion and infant behavior by describing a typical adult "hassle" that might occur just prior to a child's needing attention. For example, when parents have been fighting, and the baby begins to cry, what is likely to take place? What effects will the interaction have on the infant? KEY QUESTION: How do infants react to adult emotion?

LECTURE: Give a lecture combining the basic issue of emotional development. Emphasize the interaction that occurs between aspects of development. Emphasize the interaction between temperament of infant and caregiver, continuity of care, and the development of trust. KEY QUESTION: What interactive factors contribute to emotional development in infancy?

PHOTOGRAPHS: Find pictures of toddlers involved in various activities such as dressing and undressing, toileting, bathing, grooming, eating and drinking. Mount them on a poster board with the title "Self-Help Skills." As students view these pictures, discuss the role of self-help skills in overall emotional development. Discuss appropriate adult helping in the development of these self-help skills in emotional development.

TRANSPARENCY: Using Transparency 18 (Gaining Independence), discuss how independence as a dimension of emotional development is influenced by making choices, self-dressing, self-feeding, and negative behaviors. Point out the range of emotions which may be experienced in each of the above situations. Discuss how positive outcomes can be fostered. KEY QUESTION: How is the gaining of independence a task of emotional development?

BRAINSTORM: Divide the class into groups. Ask each group to brainstorm about examples of self-comfort evidenced in infants and toddlers. After the groups have a list of ideas, share these with the class by making a master list, writing ideas from each group on the chalkboard. Discuss the importance of self-comforting behaviors and comforting objects on emotional development. Emphasize the detrimental effect of shaming and other denigrating responses to a child's self-comforting behaviors. KEY QUESTION: What is the value of self-comforting behavior and objects to emotional development in toddlerhood?

OBJECTIVE

Describe social development in infants and toddlers.

SAMPLE: Obtain a few samples of daily child care center schedules. Analyze them for how social development is promoted for infants and toddlers. Differentiate between activities which encourage child development in a group setting and activities that work best with an individual child. KEY QUESTION: What experiences are appropriate for infants and toddlers to encourage social development? Discuss how each part of the day provides opportunites to foster social development. Mention how social experiences can have positive or negative overtones and why. Discuss how positive outcomes can be encouraged.

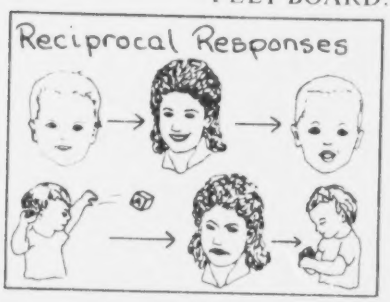
BUZZ GROUPS: Have students discuss in small groups their observations in Lab Experience 23. Encourage them to note similarities and differences between infant and adult responsiveness. KEY QUESTIONS: What promotes social development in infancy? What is the importance of adult responsiveness?

LECTURE: Develop a lecture presenting basic material on social development during infancy. Show the close relationship between social and emotional development. Highlight Bowlby and Ainsworth's work with infants in separation from the primary caregiver. KEY QUESTION: How is attachment an important aspect of social (and emotional) development in infancy?

DEMONSTRATION: Arrange to have some infants between 6 and 18 months of age visit the class. Have a mirror securely placed and a small hat. Initiate some interactions with the infants using the mirror and the hat. Ask students to observe and note the behaviors of the infants as you interact. Afterwards, discuss the reactions of the infants to seeing their images in the mirror with or without the hat.

DISCUSSION: Discuss the different types of social interactions available for infants and toddlers. Discuss the contribution of growth of self concept to social development. Emphasize the importance of interactions with others. Point out that as self-concept develops, social skills either are enhanced or retarded depending on the positiveness or negativeness of the self-concept. KEY QUESTION: How is the development of self-concept related to social interactions in infants and toddlers?

FELT BOARD: Use a felt board visual aid to illustrate the reciprocal nature of social relationships. (Preparation: Make a felt board display similar to the illustration at the left.) Introduce the discussion by writing on the chalkboard this list of behaviors: smiling, cooing, crying, reaching for face, throwing temper tantrums, and flinging toys. Ask the student to name behaviors that might result in response to the child's behaviors. Write these next to each listed behavior. Point out to the students that the child initiates behaviors and caregiver/parents respond, and vice versa. Continue the sequence by asking students to suggest a response to the caregiver's behavior. In this way children's and caregivers'



interactions are reciprocal. Illustrate this concept with the felt board visual.

## Reciprocal Nature of Development

OBJECTIVE

Examine the interaction among physical, emotional, social, and intellectual development during infancy and toddlerhood.

BUZZ GROUPS: Divide the class into four groups. Assign each group an area of development (e.g., physical). Have the groups discuss their observations for Lab Experience 24. Have each group provide summary statements on a transparency about their area. Using the transparencies, draw conclusions about the interaction of the areas of development. Highlight ways meal/snack times can be structured so as to promote interactive development. KEY QUESTION: How do the areas of development interact in infancy?

TRANSPARENCY: Again using Transparency 18 (Gaining Independence), discuss how making choices, self-dressing, self feeding, and negativism are important in the toddler's development of autonomy. KEY QUESTIONS: How can these affect and be affected by physical, emotional, social, and intellectual aspects of development?

OBJECTIVE

Develop an environment that provides appropriate sensory experiences for infants.

DISCUSS: Discuss aspects of a "well arranged environment" which would promote appropriate sensory activities for infants. Note how the environment might be decorated or arranged to give appropriate or inappropriate sensory experiences. Point out the importance of creativity in planning and carrying out activities by the teachers who use the environment. KEY QUESTIONS: What factors of the environment enhance appropriate sensory stimulation? How can infants be overstimulated?

STUDENT REPORTS/ DISPLAY: Ask students to use Lab Experience 25 to develop an environment which includes opportunities for appropriate sensory experiences. Use drawings, pictures, and illustrations as needed to explain the ideas. Have them display the proposed environments on posters or bulletin boards. Allow time for students to survey others' plans and share ideas. KEY QUESTION: How can sensory development be enhanced through an infant's environments?

PICTURES: Have students bring in pictures of toys that would provide sensory activities for infants. Discuss and then ask students to create a non-commercial object that could be used to stimulate infants. An example might be empty spools of thread strung on a shoe string. Stress creativity.

OBJECTIVE

Propose a plan for successful toilet training.

HANDOUT: Using Handout 20 (Learning to Toilet), discuss readiness for toilet training and other factors which contribute to a successful training program. KEY QUESTION: What factors contribute to a successful toilet training program?

GUEST SPEAKERS: Invite the parents of a boy and girl to come and discuss the toilet training procedures used with each. Ask the speaker(s) to comment on what indicators they had that the child was ready to train, what materials they made use of, and what discoveries they made in their attempts.

OBJECTIVE

Analyze the relationships among play, autonomy, and cognitive development.

BRAINSTORM: Ask students to brainstorm all the games caregivers play with infants and toddlers (e.g., pat-a-cake). Have one student write these on the board. Discuss how these games enhance cognitive development.

PHOTOGRAPHS: Have students bring pictures of infants and toddlers engaged in kinds of play that practice autonomy. KEY QUESTION: What play experiences can caregivers provide to encourage autonomy?

# Development in Infancy and Toddlerhood Unit IV Test

**DIRECTIONS:**
For items 1-20, select the letter of the phrase which best completes the statement. Write the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ Maturation refers to
   A. size.
   B. growth.
   C. the ability to function properly.
   D. puberty.

2. _____ The outside cover of the brain where information is processed, associations are made, and learning takes place is called the
   A. forebrain.
   B. cerebrum.
   C. cerebellum.
   D. cerebral cortex.

3. _____ Voluntary control over impulsive behavior is called
   A. being nice.
   B. cortical control.
   C. forebrain control.
   D. midbrain control.

4. _____ A major task of infancy and toddlerhood is
   A. learning to be less willful.
   B. learning to be less selfish.
   C. gaining voluntary control over physical actions.
   D. growing more nerve cells.

5. _____ The first thing infants gain voluntary control over is the
   A. head.
   B. shoulders.
   C. trunk.
   D. legs.

6. _____ Motor control is mastered in the sequence of
   A. trunk, shoulders, legs, arms.
   B. trunk, arms/legs, hands/feet, finger/toes.
   C. shoulders, legs, trunk, arms, fingers, toes.
   D. trunk, legs/toes, arms/fingers.

7. _____ Most infants gain daytime and nighttime control over their sphincter muscles (and bladder and bowel movements) by
   A. 6 months.
   B. 9 - 12 months.
   C. 12 - 18 months.
   D. 2 - 3 years.

8. _____ When an infant is one month ahead of the norms in achieving a motor skill like crawling, it means
   A. the infant is more intelligent than average.
   B. the infant is less intelligent than average.
   C. little in terms of overall development.
   D. professional help should be sought.

9. _____ Immunity from certain diseases is provided by all of the following *except*
   A. oral medication.
   B. injections.
   C. mother's breast milk.
   D. formula.

10. _____ Good infant nutrition depends on
   A. enough calories, proteins, fats, carbohydrates, vitamins and minerals.
   B. beginning solid food by three months.
   C. a carefully scheduled plan exactly followed.
   D. vitamin supplementation.

11. _____ When babies are fed with a bottle propped in their mouths as they lie horizontally, it
   A. is good because they are less trouble to care for.
   B. can cause several physical problems.
   C. does not really matter one way or the other.
   D. is good because they are happier.

12. _____ As toddlers, children's appetites are lessened because
   A. as growth slows, they need less food.
   B. they are spoiled.
   C. they are willful and want to defy caregivers.
   D. their stomach begins to shrink.

13. _____ Neonates are most interested in watching
   A. flashing lights.
   B. animals.
   C. human faces and movements.
   D. a mobile.

14. _____ Piaget believed that thought (thinking)
   A. arises out of motor activities and sensory experiences.
   B. is the same in infants as in older children.
   C. is not important in development.
   D. cannot be studied.

15. _____ The knowledge that something exists even when it cannot be sensed is called
   A. symbolic thought.
   B. goal-directedness.
   C. object permanence.
   D. representational thought.

16. _____ In order for language skills to develop normally, caregivers must
   A. teach infants the letter sounds separately.
   B. speak to children the way they speak to adults.
   C. not respond to a child's attempt to talk unless it is said correctly.
   D. talk to infants from birth and respond to their efforts to communicate.

17. _____ Temperamental traits do *not* include
   A. activity vs. passivity.
   B. easily comforted vs. hard to soothe.
   C. hungry vs. filled.
   D. excitable vs. easygoing.

18. _____ An infant cannot develop a sense of trust without
   A. an easy temperament.
   B. some sensitive, appropriate caregiver responding.
   C. recall memory.
   D. first experiencing mistrust.

19. _____ Negativism in toddlers is caused by
   A. selfishness.
   B. their desire to frustrate caregivers.
   C. emotional problems at home.
   D. their new found sense of self and autonomy.

20. _____ Mothering
   A. is a role function.
   B. is an innate human female response to infants.
   C. cannot be done well by fathers.
   D. is a special gift.

**DIRECTIONS**

For items 21-22, write a short essay.

21. How should caregivers encourage autonomy while still providing appropriate guidance?

22. Describe how caregivers can show sensitive responsiveness to infants and toddlers.

# Performance Objectives

# Development in Early Childhood Unit V

## Physical Development

- Describe growth patterns in early childhood.
- Trace motor development in early childhood.
- Examine factors affecting physical development in early childhood.

## Emotional and Social Development

- Describe emotional development in early childhood.
- Describe social development in early childhood.

## Intellectual Development

- Examine cognitive development in early childhood.
- Trace language development in early childhood.
- Describe moral development in early childhood.

## Developmental Interactions

- Analyze the relationships among the developmental factors leading to understanding self and the environment.
- Assess the importance of play to total development in early childhood.
- Explain the effects of group care on young children.

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***See Unit I.***

## AUDIOVISUALS

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*The Child, Part V: Four to Six-Year Olds*
*Personality: Early Childhood*
*Expressing Emotions: I See Smiles I See Frowns*
*Child's Play*
*Child's Play*

**NOTE:** Complete citations can be found in the Bibliography at the end of this guide.

# Suggested Classroom Experiences

## Physical Development

OBJECTIVE

Describe growth patterns in early childhood.

HANDOUT: Using Handout 21 (Motor Skills), discuss how growth patterns are reflected in the skill lists within and across age periods. Note the different areas of growth which are represented. Mention that these areas are approximations of developmental levels and that some children may be ahead and able to perform some skills from a higher or lower age level. Not all children will follow the developmental pattern exactly. KEY QUESTION: What general patterns of growth are evident across early childhood?

PHOTOGRAPHS: Have students bring two photographs each of three, four, and five year olds. Compare individual physical differences between children in each age group. Compare children in different age groups. KEY QUESTION: How do growth patterns change across early childhood?

OBJECTIVE

Describe motor development in early childhood.

DISCUSSION: Define gross motor skills and fine motor skills. Have the student identify parts of the body which involve each type of muscle – large or small. On the chalkboard write several small motor skills. KEY QUESTION: What skills will the child develop before developing these fine motor skills (listed on board)? Point out the principle that gross motor skills will develop before fine motor skills.

SAMPLE: Arrange to get a sample of a typical daily schedule from a child care center. Discuss the balance of activities in reference to involvement of small muscle development and large muscle development. Highlight with contrasts of skill levels of three-year-olds vs. five-year-olds in specific activities. KEY QUESTION: How does motor development proceed in early childhood?

HANDOUT: Using Handout 21 (Motor Skills), trace the development of motor skills across early childhood. Differentiate between small and large motor development. KEY QUESTION: How does motor development proceed in early childhood?

PHOTOGRAPHS: Use a set of photographs at various stages of development to check students' knowledge of fine motor development.
Preparation: Take photographs of children engaging in various small or fine motor activities. Students might help you take photographs. Ideas for the photographs include:

- Grasping an object with whole hand.
- Grasping an object with thumb and fingers opposing.
- Transferring an object from one hand to another.
- Picking up small objects with thumb and forefinger.
- Scribbling with crayons.
- Clapping hands together.
- Putting together a six-piece puzzle.
- Cutting out a circle with scissors.
- Stringing wooden beads.
- Copying shapes and letters.

Code the photographs in some way, with letters or numbers, so this will be a self-checking activity for students.

Provide time in class for students to work independently or in pairs to arrange the pictures in sequential order. Have students check the code markings on the back of the photographs against the key to see if they arranged the photographs in the correct order. To increase the difficulty of the activity, have students guess the approximate age of the child.

OBJECTIVE
Examine factors affecting physical development in early childhood.

GUEST SPEAKER: Invite a physician (preferably a pediatrician) to come to class and discuss factors that might affect physical development in early childhood. Have students prepare a list of questions they have for the speaker.

SAMPLE: Obtain a list of required immunizations from the health department. Discuss the effects of the lack of immunizations on physical development.

## Emotional and Social Development

OBJECTIVE
Describe emotional development in early childhood.

TRANSPARENCY: Show Transparency 19 (Self-concept) while leading a discussion of self-concept. Point out that what children feel about themselves is very dependent upon what they think others think of them. Parents and caregivers have the greatest impact on a young child's self-concept. If the adult reflects the image of an adequate or inadequate child, that is what the child often comes to think as well.

TRANSPARENCY: Use Transparency 20 (Modeling) to illustrate the powerful impact of modeling on children. Point out that both positive

and negative behaviors are modeled. KEY QUESTION: What behaviors have you seen in caregivers which are imitated by children?

HANDOUT: Using Handout 22 (Self-Concept Indicators), review positive and negative indicators of self-concept. Discuss the kinds of responses, experiences, or interactions which could contribute to the outcomes listed. KEY QUESTIONS: What factors contribute to emotional development in early childhood? What are some positive and negative self-concept indicators of emotional well-being in early childhood?

TRANSPARENCY: Using Transparency 21 (Helping Young Children Cope With Fears), present ways to help preschoolers cope with fears. Point out common fears and refer to cognitive capability by explaining how children "reason" fearful events. Discuss how adults and older children can encourage and ease natural fears. Emphasize how important learning to manage fears is to overall emotional development. KEY QUESTIONS: How can children's fears be managed? What is the relation of fears to overall emotional development?

TRANSPARENCY: Using Transparency 22 (Types of Prosocial Behavior), discuss how the development of prosocial behavior relates to overall emotional development in early childhood. Point out the role of prosocial behavior in relieving emotional distress. KEY QUESTION: How does prosocial behavior relate to emotional development in early childhood?

PUPPETS/ ROLEPLAYING: Have students create a simple puppet (sock sack) whose purpose is to work through fearful events for children. Then role play how the puppet could be used with a child involved in an emotional situation (i.e., fearful of going to hospital for surgery, fear of first day of school, moving).

SKITS: Divide class into groups. Give each group a situation card for them to prepare a skit relating to the situation (i.e., child spills milk). They are to prepare a negative solution as well as a positive solution. Discuss the results in terms of positive or negative emotional development and how it affects early childhood. KEY QUESTION: How can a caregiver respond to a situation affecting emotional development in early childhood?

FOLDER EXCHANGE: Use folders with discussion questions to help students identify ways caregivers and parents can assist children in adjusting to change. (Preparation: Using a felt tip marker, write on the outside of several file folders a change that young children are commonly exposed to. Some possible changes are: taking a field trip, changing the daily routine due to bad weather, staying with a new caregiver, accepting a new sibling, moving to a new town, adjusting to the divorce or remarriage of parents. Inside the folder place several copies of a sheet with discussion questions such as, "How might a child respond to this change?" "What can caregivers do to minimize the negative effects of this change?" Leave space for the groups to record their answers.)

Divide the class into groups so that each group has a different folder. Give each group a number. Ask each group to discuss and answer the questions on the enclosed sheet. Give the students 5 to 10 minutes for their discussion. After each group has discussed and answered all the questions, they are to fold their sheet in half so the answers do not show, and write down their group number on the outside. Now the groups exchange folders and repeat the same steps. When they are finished answering all the questions, they can unfold and compare the answers of the previous group to theirs. Exchange continues until each group has its original folder back.

OBJECTIVE

Describe social development in early childhood.

HANDOUT: Using Handout 23 (Play as a Source of Social and Cognitive Development), discuss the function of the types of play defined for social development in early childhood. Point out how taking initiative and exercising autonomy are or are not encouraged by the different types of play. KEY QUESTION: How does play promote initiative and autonomy, and how do these contribute to social development in early childhood?

TRANSPARENCY: Again using Transparency 21 (Helping Young Children Cope with Fears), discuss the function of fear in social development. Point out how children incorporate coping with fears into play activities. Note the relevance of coping through play to overall social development. KEY QUESTION: How do preschool fears relate to overall social development? to particular social situations such as play?

TRANSPARENCY: Again using Transparency 22 (Types of Prosocial Behavior), discuss the role of prosocial behavior on overall social development in early childhood. Note the social settings that are conducive to prosocial behavior. Consider the similarities and differences between adult and peer responses to prosocial behavior on overall social development over time. KEY QUESTION: How does prosocial behavior relate to overall social development in early childhood?

DISCUSSION: Transparency 22 (Types of Prosocial Behavior), diagrams the categories of prosocial behaviors. The two basic categories are cooperation and helping. Helping behaviors are further detailed as helping to relieve distress and helping in play and work. KEY QUESTION: What examples can you give to illustrate each of these types of prosocial behavior?

CASE STUDY: Read the following case study to the class. Mike was a five-year-old labeled by the staff of the child care center as "impossible." Mike's caregiver had tried to be firm with him in guiding his undesirable behaviors. Yet, Mike seemed to enjoy getting into trouble. Even the other children avoided playing with him. Anyone who came to help the caregiver knew to expect trouble from Mike. One day a student teacher from the local junior

college came to work with Mike's class. Marion noticed that the other children seemed to avoid playing with Mike and wondered why. It wasn't long before she realized what part of the problem might be. Marion made an effort to interact with Mike in positive ways. She commented on his clay models and hung his painting in a special place. Outside, she invited Mike to join a circle game saying, "We need Mike to play with us because he is a good runner." Though the change was gradual, Mike began to act in positive ways more often. KEY QUESTIONS: What did Marion realize about Mike? Why did she do the things she did? What happens when a child has a negative self-concept? What role did the caregiver's expectations play in Mike's behavior?

## Intellectual Development

OBJECTIVE
Examine cognitive development in early childhood.

LECTURE: Describe to the class the work of Jean Piaget related to children's preception. Include an explanation of the concept of conservation. (NOTE: See references at the beginning of the unit for more information concerning Piaget.)

Review the term "egocentrism" for the class. Point out that it does not mean that children are selfish in an unhealthy way, but rather that they tend to see things from their own point of view. This term was used by Piaget in explaining why children are limited in taking the perspective of another person. KEY QUESTIONS: How does egocentrism influence the behavior of the child? What do you think the term sociocentrism means?

EXPERIMENTS: Ask interested students to review some of Jean Piaget's work on egocentrism in young children and select a simple experiment to replicate. In class ask students to share their experience. KEY QUESTIONS: How did you test the children for evidence of egocentrism? What were the results? Were your results different from what you expected or the same? Explain. What implications does egocentrism have for the guidance of young children?

HANDOUT Again using Handout 23 (Play as a Source of Social and Cognitive Development), discuss cognitive development in early childhood. Emphasize the importance of each of the types of play to cognitive development. Discuss how caregivers can plan and facilitate activities to promote cognitive development through varied play situations. KEY QUESTION: What is the relationship of play to cognitive development in early childhood?

HANDOUT: Using Handout 24 (The Preoperational Period), present the preoperation stage of cognitive development. Use realistic examples to illustrate the characteristics of the phases and to

define the terms. KEY QUESTION: How does Piaget conceptualize cognitive development in early childhood?

TRANSPARENCY: Using Transparency 23 (Discovery Learning), discuss the points made about discovery learning. Take into consideration the learnings from the above activities regarding preschool cognitive capability. Discuss ways discovery learning can be incorporated into routine and special activities. KEY QUESTION: What is the role of discovery to overall cognitive development in early childhood?

OBJECTIVE

Trace language development in early childhood.

BULLETIN BOARD: Use Handout 25 (Speech Development), to develop a bulletin board concerning language development in early childhood. Discuss the various types of speech development in early childhood. KEY QUESTION: What stages of speech development do children in early childhood go through?

BRAINSTORM: Divide the class into three groups and brainstorm opportunities for language development that can be included in any early childhood program (i.e., show and tell, draw picture and explain, work in pairs, or assign a task that requires cooperation).

OBJECTIVE

Describe moral development in early childhood.

TRANSPARENCY: Using Transparency 24 (Kohlberg's Stages of Moral Development), present probable moral development in early childhood. Discuss why higher levels are not likely. KEY QUESTION: What stage of moral development reflects typical early childhood development?

CASE STUDY: Divide the class into three groups. Read the following story aloud to the class: A little girl wanted to help her mother choose the tomatoes at the grocery store. She asked her mother. Her mother said it was o.k. As she took a tomato, several other tomatoes fell down on the floor. The girl's mother had to buy the squashed tomatoes. For the rest of the shopping trip the little girl had to ride in the basket. KEY QUESTIONS: Did the little girl do something wrong? Should the mother have to buy the squashed tomatoes?

Each group will be given a response to the questions. Each group is to indicate the stage of moral development indicated by the response they receive.

Group 1. "The little girl wasn't wrong. She just wasn't careful. The mother should buy the tomatoes and set an example. After all, it was her little girl who dropped the tomatoes."

Group 2: "Yes. The little girl spilled the tomatoes. She had to ride in the basket. The mother shouldn't have to buy the tomatoes. No one was looking."

Group 3: "No, the little girl had asked her mom. She said it was o.k. The little girl would be wrong if she did not ask permission. The mother should buy the tomatoes because she feels bad about the mess.

(Note: Group 1 response was from a child at Stage 3; Group 2 response was at Stage 1, while Group 3's response was from a child at Stage 4.)

## Developmental Interactions

OBJECTIVE

Analyze the relationships among the developmental factors leading to understanding self and the environment.

TRANSPARENCY: Using Transparency 21 (Helping Young Children Cope with Fear), analyze the coping tactics for fear in terms of the underlying relationship between developmental factors. For example, discuss physical size differences among young children of the same and different ages as related to fears of different kinds. Note differing cognitive capabilities that may interact with the nature of fears held and the ability to utilize the coping tactics presented. KEY QUESTION: How do young children integrate experience and capability to further their understanding of self and environment?

TRANSPARENCY: Use Transparency 23 (Discovery Learning) to illustrate ways activities can be planned to promote understanding of self and environment. Emphasize the developmental factors which interact in discovery learning. Point out how to take advantage of everyday events by transforming them into discovery opportunities. KEY QUESTION: How does discovery learning increase understanding of self and environment?

ACTIVITY: Give each student a card and ask them not to look at it. Attach the card in such a way that the student cannot see what it says but the rest of the class is able to read it. (Make headboards which can be placed on the forehead and tied around the head). Preparation: Before class prepare one card for each student which contains an instruction such as:

- "Ignore me."
- "Agree with me."
- "Roll your eyes and look away."
- "Laugh at me."
- "Argue with me."

Then assign a topic for discussion and divide into groups. Students are supposed to do what the cards instruct. Allow the discussion to continue for approximately 15 minutes observing results. Draw the group together at the conclusion of the time limit and discuss reactions to the experience. KEY QUES-

TIONS: How did you feel during the discussion with the reaction you received from your peers? How did the responses make you feel about yourself? How can a caregiver's response to children affect how they see themselves in relation to their environment?

OBJECTIVE

Assess the importance of play to total development in early childhood.

POLL TAKING: Have students conduct a poll concerning opinions of play in early childhood and early elementary school. Poll parents, teachers, caregivers, and instructors. Questions might include:

early ch...
2) What, if anything, does pa...
3) Can you name one type of play you did ...

HANDOUT

TRANSPARENCY

QUIZ

PAMPHLETS

GUEST SPEAKER



BEST COPY AVAILABLE

# Development in Early Childhood
# Unit V Test

**DIRECTIONS**

For Items 1-17, select the letter of the phrase which best completes the statement. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ Compared to growth during infancy and toddlerhood, growth during early childhood
   A. speeds up.
   B. stays the same.
   C. slows down.
   D. fluctuates dramatically.

2. _____ Motor development during early childhood
   A. involves gaining better control over muscles and integrating motor skills.
   B. involves gaining control over the trunk.
   C. involves only gross motor skills.
   D. involves only fine motor skills.

3. _____ The age at which children begin to climb trees and ladders is
   A. twenty-four months.
   B. three years.
   C. four years.
   D. five years.

4. _____ Communicable diseases are
   A. diseases which appear often in communes.
   B. diseases which can be spread easily from person to person.
   C. sexually transmitted diseases.
   D. language disorders.

5. _____ Common illnesses for preschoolers are
   A. upset stomachs, colds, and ear infections.
   B. upset stomachs, polio, and tetanus.
   C. colds, whooping cough, diphtheria.
   D. upset stomachs, colds, and meningitis.

6. _____ Young children usually need
   A. 10 to 12 hours of sleep at night, but no nap during the day.
   B. 8 hours of sleep at night, plus a nap during the day.
   C. 10 to 12 hours of sleep at night, plus a nap during the day.
   D. to control their own sleeping schedules.

7. _____ During early childhood, children need
   A. the same amount of protein per pound as adults need.
   B. 50% more protein per pound than adults need.
   C. 50% less protein per pound than adults need.
   D. little, if any protein.

8. _____ During early childhood, children
   A. do not need snacks since it will ruin their meals.
   B. usually need high protein or high carbohydrate snacks to give them enough energy.
   C. need quick energy snacks like cookies.
   D. should not have any kind of snack if they do not eat everything on their plates at mealtime.

9. _____ Preschool children
   A. need to be supervised when playing outside.
   B. do not need to be supervised when playing outside.
   C. will be emotionally damaged if caregivers insist on supervising their play.
   D. should be expected to control their own behavior.

10. _____ Fears in young children are often the result of their
   A. refusal to listen to reason.
   B. doing things they should not do.
   C. inability to separate fantasy from reality.
   D. being cowardly.

11. _____ Aggressive behaviors usually start subsiding when
   A. other children finally get enough and fight back.
   B. language develops so the children can verbalize feelings.
   C. children are punished harshly for them.
   D. children engage in parallel play.

12. _____ Self-concept is
   A. a system of beliefs about the self.
   B. a set of feelings about the self.
   C. a selfish idea.
   D. primarily of concern to toddlers.

13. _____ The self-fulfilling prophesy is the
   A. ability to know what will happen to us before it happens.
   B. belief that others are there simply to fulfill our needs.
   C. tendency to act like we think others expect us to act.
   D. innate desire to be self-actualized.

14. _____ Much of the research in the past has focused on the child's relationship with the mother. Other family members
   A. do not seem to have much of an effect on the child.
   B. play important roles in the child's development.
   C. do not interact with the child enough to warrant study.
   D. do not want to care for the child.

15. _____ Egocentrism in early childhood means that the child
A. is selfish.
B. cannot see things from the viewpoint of another person.
C. tends to think in circular patterns.
D. can understand that others have feelings and thoughts different from her own.

16. _____ Because of centration, preschoolers can
A. put objects into groups only on the basis of one dimension.
B. put objects into groups on the basis of two dimensions.
C. not only categorize, but they can also put things into subcategories.
D. center in and pay attention well.

17. _____ When judging right and wrong, younger children
A. do not think people ought to be punished.
B. insist that the punishment fit the crime.
C. do not consider intentions.
D. judge more harshly when someone gets away with a wrong deed.

**DIRECTIONS**

For Items 18-20, write a short essay.

18. Describe how children come to understand themselves and their physical and social environments.

19. Summarize your philosophy about play.

20. List different types of child care available in your area and discuss the advantages and disadvantages.

Performance Objectives

# Middle Childhood and Adolescent Development Unit VI

## Physical Development

- Describe growth patterns in middle childhood and adolescence.
- Examine factors affecting physical development in middle childhood and adolescence.

## Emotional and Social Development

- Describe emotional development in middle childhood and adolescence.
- Describe social development in middle childhood and adolescence.
- Assess the influence of agents of socialization on development during middle childhood and adolescence.
- Propose ways in which adults can help children achieve a sense of achievement and competence during the middle years.
- Propose ways in which adults can help adolescents achieve a sense of identity.

## Intellectual Development

- Describe cognitive development in middle childhood.
- Describe cognitive development in adolescence.
- Develop guidelines for using and interpreting standardized tests.
- Describe moral development in middle childhood and adolescence.
- Describe language development in middle childhood and adolescence.

## Developmental Issues

- Examine the sexuality issues related to children and adolescents.
- Describe developmental factors related to alcohol and other substance abuse.
- Describe developmental factors related to eating disorders.
- Propose guidelines for recognizing and helping children at risk for suicide.
- Develop a philosophy about participation in sports and other organized activities.

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GENERAL REFERENCES

***See Unit I***

AUDIOVISUALS

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*The Growth of Intelligence*

*Human Development: Six-Twelve Years*

*Human Development: The Adolescent Years, 12-16*

*Personality: Adolescence*

*Physical Development*

*Pregnant Teens: Taking Care*

*Sexually Transmitted Diseases: Causes, Prevention, and Cure*

*Teenage Nutrition: The Picture of Health*

*Teenage Turn-On: Drinking and Driving*
*Three Cognitive Skills: Middle Childhood*
*Personality: Middle Childhood*
*Urgent Messages*
*Wasting Luxury: Understanding Anorexia Nervosa and Bulimia*

**NOTE:** Complete citations can be found in the Bibliography at the end of this guide.

# Suggested Classroom Experiences

## Physical Development

OBJECTIVE

Describe growth patterns in middle childhood and adolescence.

CHART: Create a comparison chart showing the growth patterns in middle childhood and adolescence, and in discussion, compare and contrast the different age levels. KEY QUESTION: What is the general growth pattern experienced by children in middle childhood? How is it different from the growth pattern experienced by adolescents?

FILM: Show a film to identify the various changes experienced in middle childhood and adolescence. Discuss these changes and the effect they can have on the individual. KEY QUESTIONS: What effect do the physical changes occurring in middle childhood and adolescence have? How do physical changes influence grace, coordination, precision, etc.?

OBJECTIVE

Examine factors affecting physical development in middle childhood and adolescence.

TRANSPARENCY: Use Transparency 25 (Motor Development) to illustrate the value of sports and other large motor exercise to overall physical development in early childhood and adolescence. Relate the exercise to other factors (i.e., nutrition, rest). Also point out the social and emotional benefits and how they impact on health. KEY QUESTION: How does large motor exercise relate to overall physical development in middle childhood and adolescence?

BRAINSTORM: Allow the students a chance to discuss in small groups and list factors that affect physical development in middle childhood and adolescence. Point out the recent change in the onset of puberty. KEY QUESTION: What factors do you think could influence the physical development of middle childhood and adolescence?

INTERVIEW: Arrange for students to interview several teenagers concerning their entrance into adolescence. Questions should deal with their experiences. (i.e., Did you experience a growth spurt and a sense of awkwardness? What were your reasons for feeling self-conscious or self-confident during that period?) KEY

QUESTIONS: What sort of feelings are experienced when entering adolescence? What are some methods of coping with these feelings?

## Emotional and Social Development

OBJECTIVE

Describe emotional development in middle childhood and adolescence.

ADVERTISEMENTS/ DISPLAY: Have students bring to class a variety of advertisements which seem to stress the grown-up image on children and adolescents. Suggest they scan papers for ads to cut out, watch television and write a description of a commercial, and observe billboard signs using childlike models costumed as adults. Arrange a display of the advertisements and discuss the emotional implications this could have. KEY QUESTION: How could this "masquerade as an adult" affect a child's self-concept?

TRANSPARENCY: Use Transparency 26 (Adolescent Egocentrism) to illustrate a discussion of adolescent egocentrism. Point out the relationship to overall emotional development in adolescence. Discuss the potential effects of different (positive or negative) responses of adults to adolescent behaviors related to egocentrism. KEY QUESTION: How does adolescent egocentrism relate to overall emotional development in adolescence?

INTERVIEW: Have students interview three schoolage children about negative behavior in groups. Tell the children that you are a "roving reporter" who needs to get an opinion from each person interviewed. Promise confidentiality. Start the questions with: "What do you think causes kids your age to deliberately do something harmful or painful to others?"

OBJECTIVE

Describe social development in middle childhood and adolescence.

PANEL DISCUSSION: Arrange for several parents of schoolage child and adolescents to come to class. Ask them to discuss some of the social problems they have seen as their child(ren) approach and progress through adolescence. Students should be encouraged to develop questions of their own concerning middle childhood and adolescence to ask the panel. KEY QUESTIONS: What types of difficulties are being experienced during social development in middle childhood and adolescence? What can be done to alleviate or prevent these same problems in others?

DISCUSSION: Write on the chalkboard the following quotations from Dorothy Briggs' book, *Your Child's Self-Esteem*:

- "None of us feels truly understood by having emotions tagged and catalogued. Intellectual understanding is not what we crave. We want warm understanding from the heart."

- "Understanding never makes feelings worse; it only gives them permission to be revealed."

Discuss the meaning of these quotations in relation to the socialization and development in middle childhood and adolescence. Do these children readily share the emotions they feel? To what extent do these stages allow understanding? To whom do they turn for the understanding (parents, peers, teachers)?

TRANSPARENCY: Use Transparency 26 (Adolescent Egocentrism) to discuss the impact of adolescent egocentrism on social relations in adolescence. Point out the different effects with peers, parents, and other adults. Describe how advancing social maturity helps in the decentering process. KEY QUESTION: How does adolescent egocentrism impact on social development in adolescence?

OBJECTIVE

Assess the influence of various agents of socialization on development during middle childhood and adolescence.

GUEST SPEAKER: Invite a minister of youth or a youth director from a local church to come and speak of the influence the church has during middle childhood and adolescence. KEY QUESTION: What type of influence do outside forces have on the adolescent?

POLL: Have students conduct a poll of several schoolage children and adolescents asking the following questions:

- Do you watch television? How often?
- Do you watch the news? How often?
- Do you read the newspapers? Which sections?
- Do you listen to the radio?
- What magazines do you read? How often do you read them?

KEY QUESTIONS: Based on the results of your poll, which form of media has more influence on schoolage children? Which form influences adolescents the most?

FOLDER EXCHANGE: Use folders with discussion questions to help students assess the influence of various types of socialization on development during middle childhood and adolescence.

Preparation: Using a felt-tip marker write on the outside of several file folders examples of agents of socialization. Some examples might include:

- family
- school
- peers
- church
- mass media

Inside the folder place several copies of a sheet with discussion questions such as, "List several ways you feel this agency is

affecting social development in middle childhood." "List ways it is affecting development in adolescence." Leave space for the groups to record their answers.

Divide the class into groups so that each group has a different folder. Give each group a number. Ask each group to discuss the situation presented and answer the questions on the enclosed sheet. Give the students five to ten minutes for their discussion. After each group has discussed and answered the questions, have one group member fold the answer sheet in half so the answer does not show and put that group's number on the outside. Now the groups exchange folders and repeat the same steps. When they are finished answering the questions, students can unfold and compare the answers of the previous groups to theirs. Exchange continues until each group has its original folder back.

OBJECTIVE

Propose ways in which adults can help children achieve a sense of achievement and competence during the middle years.

HANDOUT: Referring to Handout 9 (Unit II, Stages in Psychoanalytic Theory), identify Erikson's psychosocial stages of development relating to middle childhood. Discuss the meanings of the terms *Industry vs. Inferiority* as they apply to middle childhood. KEY QUESTION: What can caregivers do to maximize the feelings of Industry and minimize the feelings of Inferiority in middle childhood?

OBSERVATION: Have students observe in a child care facility where there are schoolage children. Arrange with the child caregiver to observe a particular child. Note any areas in which the child appears confident. Arrange to have that child responsible for instructing another child (i.e., peer teaching) so that the observed child can experience a sense of achievement. Note any changes in behavior as a result of the peer interaction. KEY QUESTION: How can a strength be used to foster a sense of achievement?

OBJECTIVE

Propose ways in which adults can help adolescents achieve a sense of identity.

HANDOUT: Referring to Handout 9 (Unit II, Stages in Psychoanalytic Theory), identify Erikson's psychosocial stages of development relating to adolescence. Discuss the meanings of the terms *Identify vs. Role Confusion* as they apply to adolescence. KEY QUESTION: What can caregivers do in order to maximize feelings of *Identify* and minimize feelings of *Role Confusion* in adolescence?

HANDOUT/ TRANSPARENCY: Using Handout 26 (Formal Operations) and Transparency 26 (Adolescent Egocentrism), discuss how the onset of abstract thought in operating formal operations leads to the construction of an imaginary audience and a personal fable. KEY QUESTIONS: In what ways do cognitive levels affect how we think

about ourselves and others? How do they affect our thinking about the thoughts of others?

ROLE PLAY: Based on the previous activity, have two students role play a situation that demonstrates adolescent egocentrism. Discuss how they might have acted differently had their thoughts not been so egocentric.

## Intellectual Development

OBJECTIVE

Describe cognitive development in middle childhood.

FILM: In order to introduce cognitive development in middle childhood, show one of the films listed in the references which deals with the topic. Discuss various aspects of cognitive development occurring in the concrete operations stage.

CARTOONS: Concrete operational play takes the form of metaphor and humor based on double meanings, illogical behavior, or other distortions of logical relationships between concrete events. Ask students to either create or locate an example of humor that a concrete operational thinker would appreciate. Have them share with the rest of the class.

HANDOUT: Use Handout 27 (Concrete Operations) to illustrate a presentation on cognitive development in middle childhood. Define the terms and review the concepts. Use realistic examples to further explain. KEY QUESTION: What is concrete operations?

OBJECTIVE

Describe cognitive development in adolescence.

HANDOUT: Use Handout 26 (Formal Operations) to illustrate a presentation on formal operations. Use realistic examples to clarify the points. KEY QUESTION: What are formal operations?

DISCUSSION: Place the list below on the board for group discussion. Divide the class into groups and have each group rank the list in the order they think is the most effective way for parents and caregivers to help advance children's intellectual development. Cite reasons.

- reward them for good grades
- show them how proud you are of them
- show interest in their schoolwork
- respect their individuality
- show warmth
- go over their homework with them

OBJECTIVE

Develop guidelines for using and interpreting standardized tests used in school.

GUEST SPEAKER: Invite a school counselor to visit class and bring examples of the standardized tests being used in schools. Ask the counselor to be prepared to discuss the uses and misuses of standardized tests. KEY QUESTION: What benefits can be derived from standardized testing?

ROLE PLAY: Ask two students to role play a scene where a teacher has received a new student and has been told her scores on several standardized tests are very high. Have the students role play the teacher's reaction to this student's first day in class. Now have two students role play how the teacher might have responded if she had been told that the student's test scores were very low. Discuss the differences in attitude based on the scores reported. KEY QUESTION: How much faith should caregivers place in test scores?

HANDOUT: Use Handout 28 (Intelligence Tests: Uses and Abuses) in a presentation on standardized tests. Elaborate on each point by giving specific examples. Draw out statements appropriate for a guideline to be used in evaluating use and interpretation of standardized tests. KEY QUESTIONS: How may standardized tests be used appropriately? What inappropriate uses can be made?

DEBATE: Write the following on the chalkboard: "Since it is impossible to devise an intelligence test that does not at least in part measure what someone has learned, it is impossible to assess any 'general' attribute of intelligence, apart from achievement." "Do you agree or disagree?" Allow students to choose sides and discuss. Record points to be made and then present a simple debate. KEY QUESTION: What use should be made of standardized test information?

OBJECTIVE

Describe moral development in middle childhood and adolescence.

TRANSPARENCY: Using Transparency 24 (Unit IV, Kohlberg's Stages of Moral Development), elaborate on the unique characteristics of each stage. Give realistic examples of situations and moral responses (thoughts and behaviors) of each stage. Discuss how transitions to different stages occur. KEY QUESTION: How does moral development proceed in middle childhood and adolescence?

HANDOUT: Read Handout 29 (The Drug Dilemma). Discuss possible responses at each level of Kohlberg's framework. Discuss the meaning of the fact that what is moral is relative to one's level of development. KEY QUESTION: How can levels of moral development be assessed?

LECTURE/ DISCUSSION: Prepare a lecture concerning Kohlberg's stages of moral development. For practice in recognizing the various stages present the following activity to students:

The following statements reflect different stages of moral reasoning. Can you identify the stages?

| Statement | Stage |
|---|---|
| "I don't oppose busing (for the purpose of integrating the schools) because it's the law." | _____ |
| "I never run in the hall because . . . I'll be punished if I get caught" | _____ |
| "Someone might get hurt, especially me." | _____ |
| "It's against the rules." | _____ |
| "The only way to make it in a dog-eat-dog world is to cover your flanks." | _____ |
| "Each of us, as an individual, is entitled to certain rights." | _____ |
| "I do what every good teacher should do; I keep my students in line and don't upset the apple-cart." | _____ |
| "I never exceed the speed limit because I might get caught." | _____ |

KEY QUESTION: Why is it important to understand the level of development in children?

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OBJECTIVE

Describe language development in middle childhood and adolescence.

LAB EXPERIENCE/ DISCUSSION: Using Lab Experience 39 concerning observation and comparison of language development of middle childhood and adolescence, discuss the findings of the lab.

BRAINSTORM: Arrange a discussion concerning factors which affect language development. Stress types of environments affecting language development (i.e., peer, family, school, media). KEY QUESTION: What impact does environment have on language development?

LECTURE: Create a lecture on language development in middle childhood and adolescence. Stress the idea that cognitive level affects the acquisition of language, which in turn can affect reading and writing.

## Developmental Issues

OBJECTIVE

Examine the sexuality issues related to children and adolescents.

DIRECTORY: Have interested students prepare a directory of local services or agencies in the community to which parents, school officials, and teens might refer for help, support, and aid. KEY QUESTION: What agencies are available for information and support concerning sexuality in teens? children?

FILM: Show one of the films listed in the references concerning sexuality issues relating to children and teens. Explore the various areas discussed on the film in greater depth. KEY QUESTION: What role should parents and friends take in preventing or stopping premature sexual involvement?

PANEL DISCUSSION: Arrange to have a panel discussion concerning issues of middle childhood and adolescence. Invite speakers from local agencies concerned with the following areas: sexuality, (i.e., Planned Parenthood representative, Child Welfare Services, Health Department), alcohol and substance abuse (Alcoholics Anonymous, Al-Anon, hospital representative), eating patterns and disorders (dietician, representative from weight program, physician), and suicide (counselor, psychologist, representative from a suicide prevention group). Each panel member should be asked to prepare a short presentation concerning his/her area of expertise after which questions will be entertained from the students. KEY QUESTIONS: What are the warning signs representing each of these areas of concern? What options do parents and friends have regarding prevention or cure?

LAB EXPERIENCE: Examine Lab Experience 36 (Sexuality Poll), and discuss the results obtained in the poll. Stress any areas of concern which appear as a result of the poll. KEY QUESTION: What attitude does the group polled have toward sex?

TRANSPARENCY: Use Transparency 26 (Adolescent Egocentrism) to focus on how adolescent egocentrism contributes to adolescent sexual behavior. Note especially the relationship to contraceptive usage. KEY QUESTION: How does adolescent egocentrism relate to adolescent sexual behavior?

OBJECTIVE

Describe developmental factors related to alcohol and other substance abuse.

DIRECTORY: If desired, continue the directory of social services available in the community for aid concerning alcohol and other substance abuse. KEY QUESTION: What agencies are available for information and support concerning alcohol and substance abuse?

TRANSPARENCY: Use Transparency 27 (Special Problems Growning Up) to guide a discussion of alcohol and substance abuse. Integrate related information into the discussion of each pattern. Point out the particular factors relating to each pattern, emphasizing how transitions occur. KEY QUESTION: What developmental factors relate to alcohol and other substance abuse?

PAMPHLETS: Gather various pamphlets available at the different agencies representing alcohol and drug prevention. Discuss the information presented stressing ages of users, symptoms of use, abuse, and addiction, and programs designed for prevention and cure. KEY QUESTIONS: What factors contribute to the use and abuse of alcohol and controlled substances? What kinds of drugs are being used and abused? What steps should be taken if you suspect someone of drug abuse?

TRANSPARENCY/HANDOUT: Use Transparency 26 (Adolescent Egocentrism) to illustrate a discussion of the relationship of adolescent egocentrism to behavior with alcohol and other drugs. Note especially how egocentric thinking relates to the patterns of use discussed in Handout 30 (Special Problems Growning Up). KEY QUESTION: How does adolescent egocentrism influence alcohol and other substance abuse?

OBJECTIVE

Describe developmental factors related to eating disorders.

DIRECTORY: Continuing contributions should be made to the directory of services available. Entries concerning eating disorders would be appropriate for this section. KEY QUESTION: What agencies are available for information and support concerning children with eating disorders?

GUEST SPEAKER: Invite a nutritionist, doctor, therapist, etc., to come speak to the group concerning eating disorders and nutrition, especially as they apply to teens. Attempt to get someone with experience dealing with eating disorders. Discuss the factors influencing eating disorders, the body image, and the effects of advertising and junk foods. KEY QUESTION: What factors affect children with eating disorders?

FILM/POSTER: Show a film concerning eating disorders to stimulate discussion. Stress the factors which affect children with eating disorders. Prepare a poster illustrating the types of eating disorders and causes and affects of each.

HANDOUT: Use Handout 30 (Special Problems Growing Up) to organize a presentation on eating disorders. Use the handout to define each type, then add additional developmental information as desired. KEY QUESTION: What are some eating disorders and how is each characterized?

OBJECTIVE

Propose guidelines for recognizing and helping children at risk for suicide.

DIRECTORY: An addition to the directory might be made concerning suicide. KEY QUESTION: What agencies are available for information and support concerning children at risk for suicide?

FILM: Show a film or filmstrip concerning the rapid increase in suicides among schoolage children and adolescents. Point out warning signs often neglected and preventive agencies available. KEY QUESTION: What are the warning signals of suicide?

LAB DISCUSSION: Ask students to report on Lab Experience 42 concerning participation with a suicide prevention agency. Discuss information obtained in lab. KEY QUESTION: After determining a suicide warning signal, what response should be given to prevent the suicide?

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OBJECTIVE

Develop a philosophy about participation in sports and other organized activities.

BRAINSTORM: Have students brainstorm a list of sporting opportunities available in the area. Next list other organized activities available (i.e., Scouts, dancing lessons, music lessons). Determine the amount of time a child spends in school, doing homework, etc. Give approximations of the amount of time involved in each activity. Discuss benefits gained from participation in each area. KEY QUESTIONS: How much time is left for free time and organized activities? Which combinations of activities could a child participate in and still have study time, free time, etc?

DEBATE: Divide class into two groups and arrange a debate. One section should be in favor of participation in sports and organized activities, a second section will be against participation in sports and organized activities. Give the students time to research information to defend their position. KEY QUESTION: What are the advantages and disadvantages of participation in sports and other organized activities?

# Middle Childhood and Adolescent Development Unit VI Test

**DIRECTIONS**

For Items 1-18, select the letter of the phrase which best completes the statement. Write the letter in the blank next to the statement. Choose only one answer for each item.

1. _____ The 5-to-7 shift is
   A. the growth spurt of height.
   B. the growth spurt of weight gain.
   C. the spurt of brain growth.
   D. an after school program for gifted children.

2. _____ The rate of growth throughout the middle years
   A. is the same as the rate of growth in early childhood.
   B. is faster than growth in early childhood.
   C. is slower than growth in early childhood.
   D. stops.

3. _____ During middle childhood, coordination and motor control are
   A. poor.
   B. good.
   C. not well integrated.
   D. not as good as in early childhood.

4. _____ Adolescents may have asymmetrical bodies during their growth spurt due to
   A. the hands and feet growing larger while the rest of the body remains unchanged.
   B. fat deposits on the hips.
   C. enlarging of the primary sexual characteristics.
   D. the left side of the brain developing faster.

5. _____ For males and females puberty is the time
   A. of first sexual intercourse.
   B. of first menstruation.
   C. when logical thought appears.
   D. of sexual maturation.

6. _____ In the U.S. during the past century the age of reaching puberty has
   A. declined.
   B. risen.
   C. remained the same.
   D. varied by geographic region.

7. _____ Referring to the question above, this is probably happening because
   A. the poor can no longer afford medical treatment.
   B. parents have less control over what their children do.
   C. better medical care and nutrition are available.
   D. better facilities for women are not available.

8. _____ When children cannot eat nutritiously, it affects
   A. health.
   B. learning.
   C. motivation.
   D. all of the above.

9. _____ Adolescents' number one threat to health is
   A. accidents.
   B. cancer.
   C. murder.
   D. suicide.

10. _____ In middle childhood the ends of the bones, where growth takes place, are most endangered by
   A. cancer.
   B. sports.
   C. smoking.
   D. alcohol abuse.

11. _____ Children generally reach puberty
   A. at widely different times.
   B. ahead of everyone else.
   C. later than most of the others.
   D. about the same time for each child.

12. _____ Shortly after attaining formal operations, preteens' fears center around
   A. nuclear war.
   B. their families.
   C. God.
   D. themselves.

13. _____ Children in concrete operations tend to fear Communists because
   A. they have an innate fear of red.
   B. they have never actually *seen* Russia.
   C. they cannot understand the abstract idea of Communism.
   D. they do not want to live in communes.

14. _____ Middle childhood is a time of gaining competence in
   A. sports.
   B. the rules and skills of the society.
   C. socialization agents.
   D. controlling the body.

15. _____ Agents of socialization are
   A. the people and institutions that transmit cultural knowledge.
   B. the people and institutions that are lobbying for socialized medicine so all children can have good medical care.
   C. people whom children find it pleasant to talk to and pass the time with.
   D. institutions of social welfare.

16. _____ Adults can help children who are losing self-esteem by
   A. giving them more activities.
   B. giving them more responsibilities.
   C. helping them with homework and projects.
   D. helping them find something at which they can excel.

17. _____ Concrete operations is thought that is
   A. illogical.
   B. logical and abstract.
   C. logical and tied to real events.
   D. pre-logical.

18. _____ Intelligence Quotient, or IQ, tests measure
   A. a child's ability to think logically.
   B. a child's likelihood of performing well in school.
   C. a child's creativity in thinking.
   D. a child's common sense.

**DIRECTIONS**

For Items 19-20, write a short essay.

19. Discuss the differences among Kohlberg's levels of moral development.

20. Pick one issue or problem of middle childhood and adolescence that was covered in the text or in class. Briefly discuss the main points about the issue. Propose a plan for helping or preventing this problem in your community.

# Transparency Masters

# Questions for Studying Child Development

6 years

6 years

**How are Bobby and Josie the same?**

**How are Bobby and Josie different?**

infant

6 years

**Bobby has changed in certain ways from birth to age 6 years.**

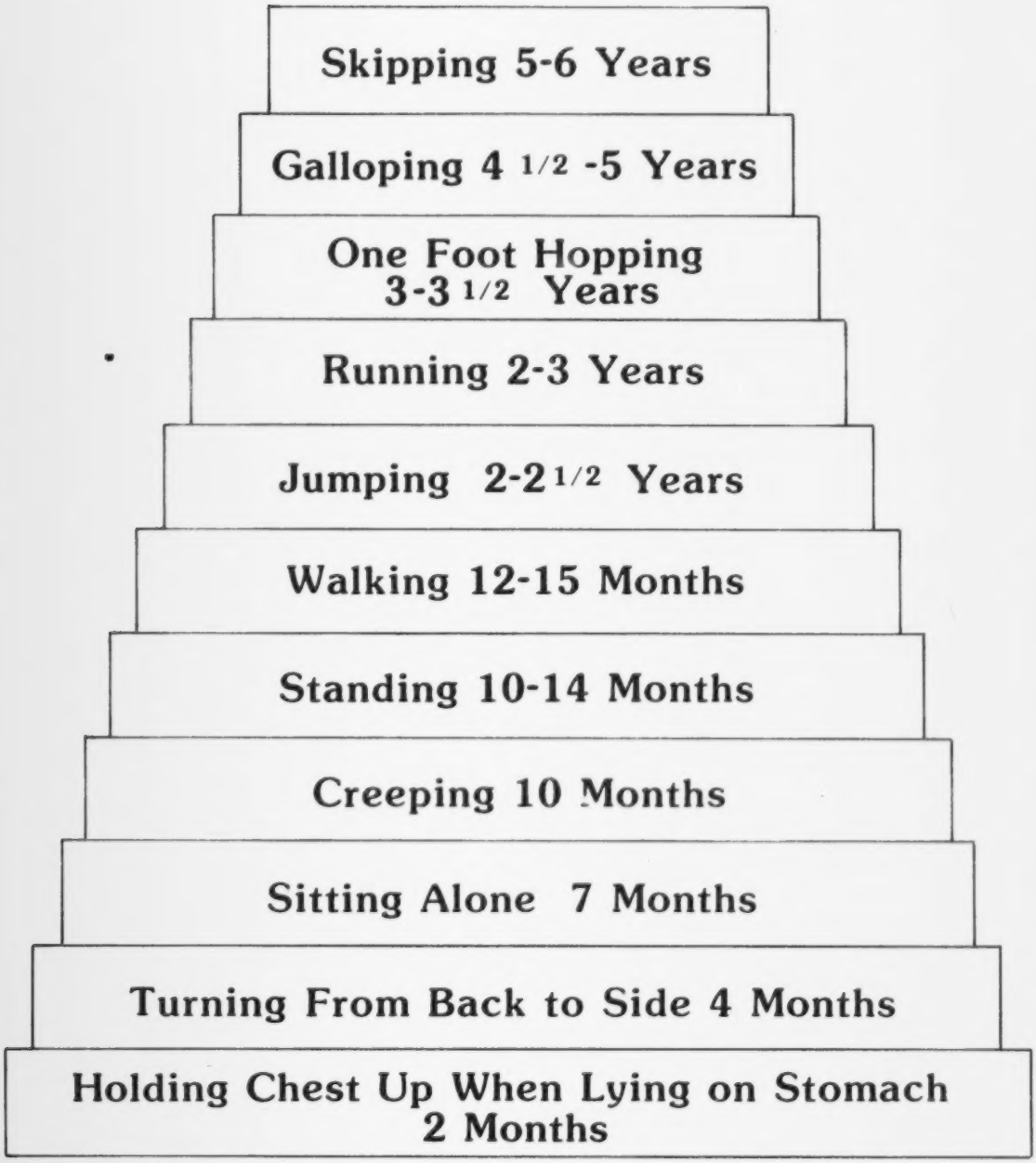
infant

6 years

**Josie has changed in certain ways from birth to age 6 years.**

**How has the development of Bobby and Josie differed?**

# Development is Sequential and Hierarchical


Skipping 5-6 Years
Galloping 4 1/2 -5 Years
One Foot Hopping 3-3 1/2 Years
Running 2-3 Years
Jumping 2-2 1/2 Years
Walking 12-15 Months
Standing 10-14 Months
Creeping 10 Months
Sitting Alone 7 Months
Turning From Back to Side 4 Months
Holding Chest Up When Lying on Stomach 2 Months

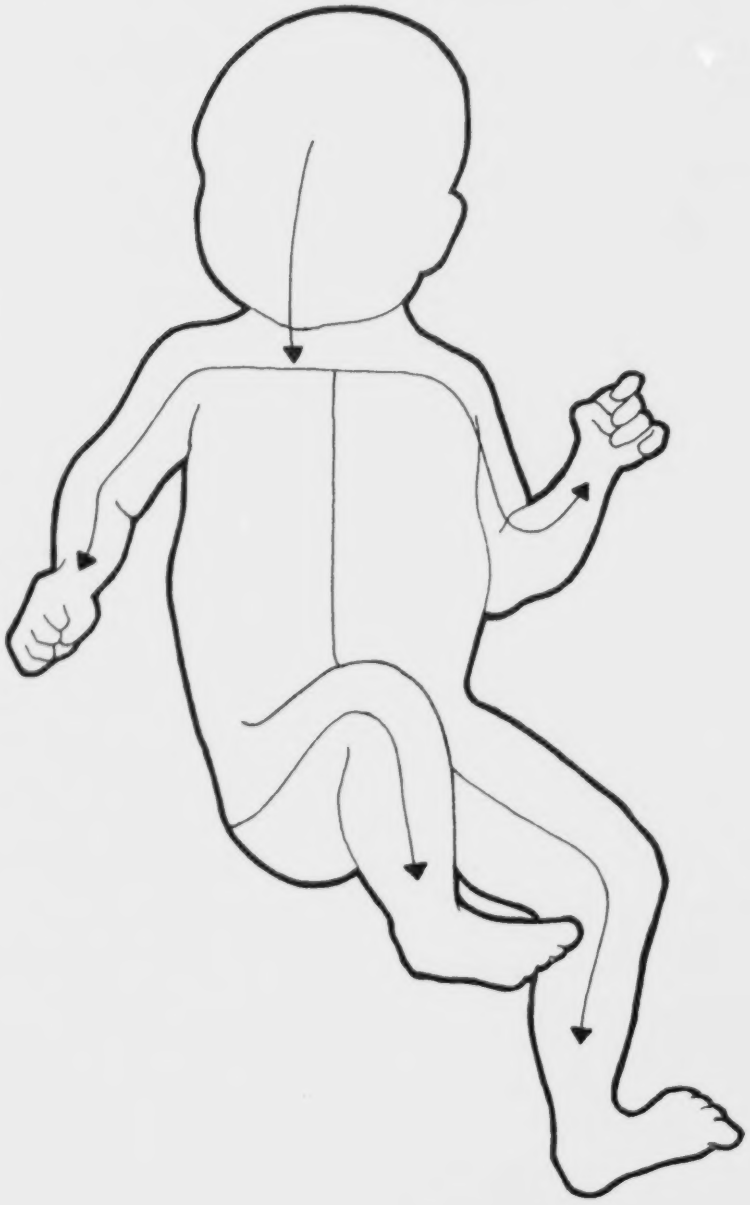
## Gross Motor Sequence

# Directions of Development

T-3

PROXIMODISTAL
(NEAR TO FAR)

CEPHALOCAUDAL
(HEAD TO TOE)



# Developmental Issues

## WORLD VIEWS:

**Mechanistic** ENVIRONMENT ⟶ PERSON

**Organismic** PERSON ⟶ ENVIRONMENT

**Dynamic Interaction** ENVIRONMENT ⟷ PERSON

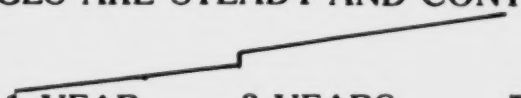
## TYPES OF CHANGE:

**Quantitative**

1 YEAR 3 YEARS 5 YEARS

CHANGES ARE STEADY AND CONTINUOUS

**Qualitative**



1 YEAR 3 YEARS 5 YEARS

CHANGES ARE SUDDEN SHIFTS/STAGES

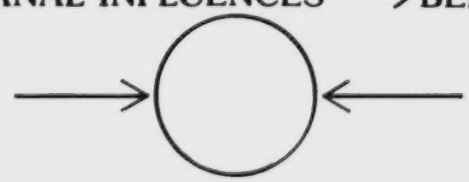
## NATURE/NURTURE

**Heredity** INTERNAL INFLUENCES ⟶ BEHAVIOR

INTERNAL

**Experience** EXTERNAL INFLUENCES ⟶ BEHAVIOR

EXTERNAL



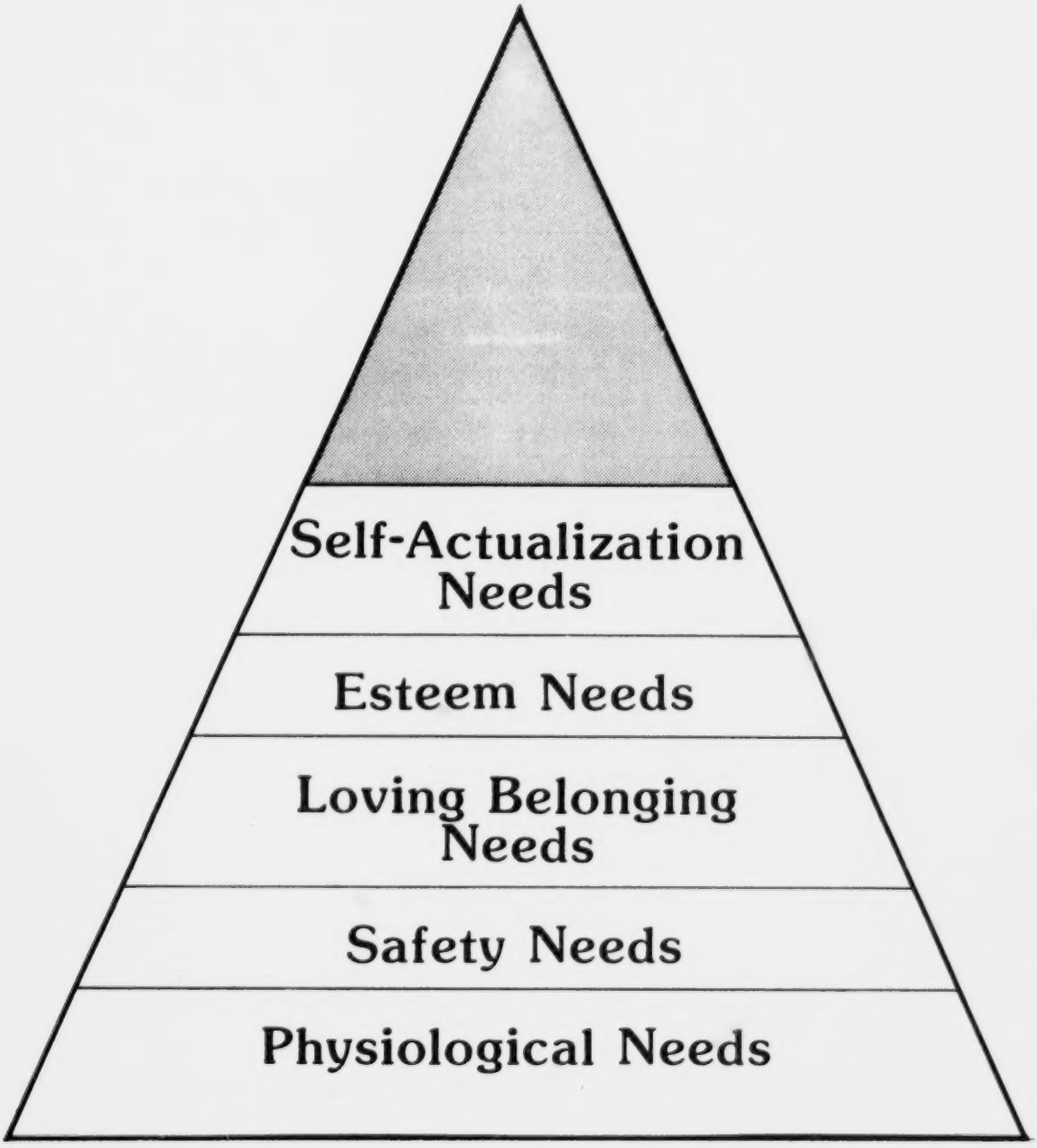
Theory

# THEORY

- DESCRIBES
- EXPLAINS
- ORGANIZES
- DIRECTS
- INFLUENCES

## HOW CAREGIVERS SEE CHILDREN'S BEHAVIOR

# Maslow's Hierarchy of Needs

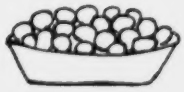


# Classical Conditioning

**Present** → **salivates**

**Unconditioned Stimulus (UCS)** — **Unconditioned Response (UCR)**

**Then**

**Present**  + **many times**

**Then**

**Present** **alone** → **salivates**

**Conditioned Stimulus (CS)** — **Conditioned Response (CR)**

# Information Processing

## Sensing/Perceiving
- STIMULI IN THE ENVIRONMENT
- ATTENTION STRATEGIES

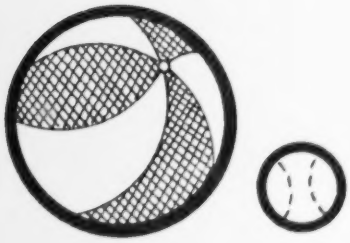
## Coding/Organizing
- THE STIMULI INTO MEANINGFUL INFORMATION
- CONCEPT FORMATION

## Storing
- THE INFORMATION
  - LONG-TERM MEMORY
  - SHORT-TERM MEMORY
  - MEMORY STRATEGIES

## Retrieving
- THE STORED INFORMATION FOR USE
  - RETRIEVAL STRATEGIES
  - RECOGNITION MEMORY
  - RECALL MEMORY

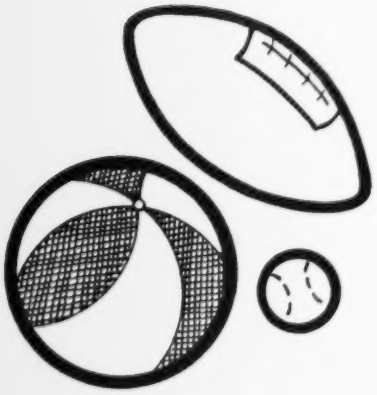
# Assimilation





Child has a concept for "ball" which fits all the balls the child has seen so far.

The child sees a football for the first time.



The football matches the "ball" concept, so the child adds it to the concept of ball.

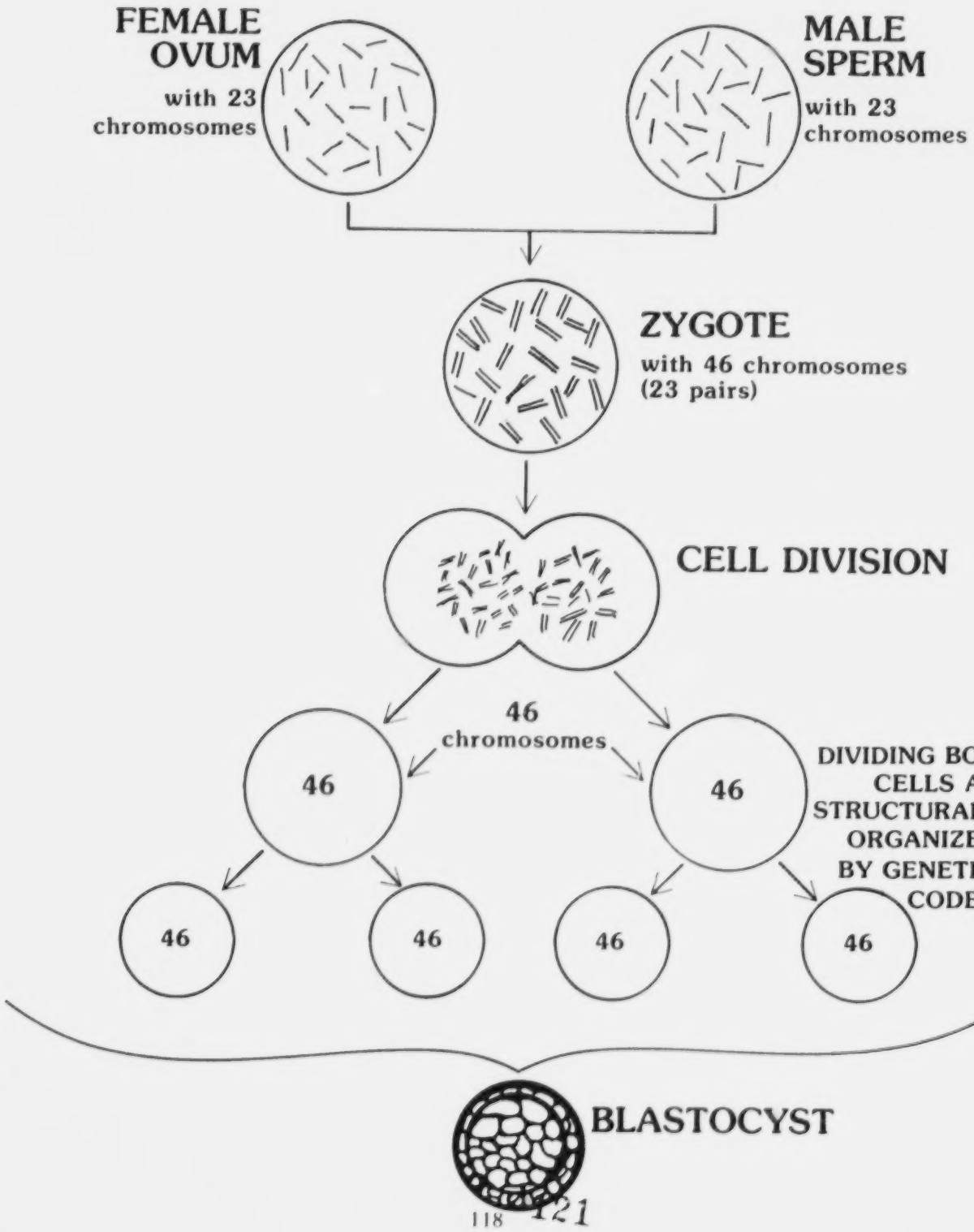
# Accommodation

The child has a concept for "dog" that includes all animals with four legs.

The child sees a cat for the first time and calls it a "dog." When the child realizes the cat doesn't fit "dog" the child may create a new category for "cat."

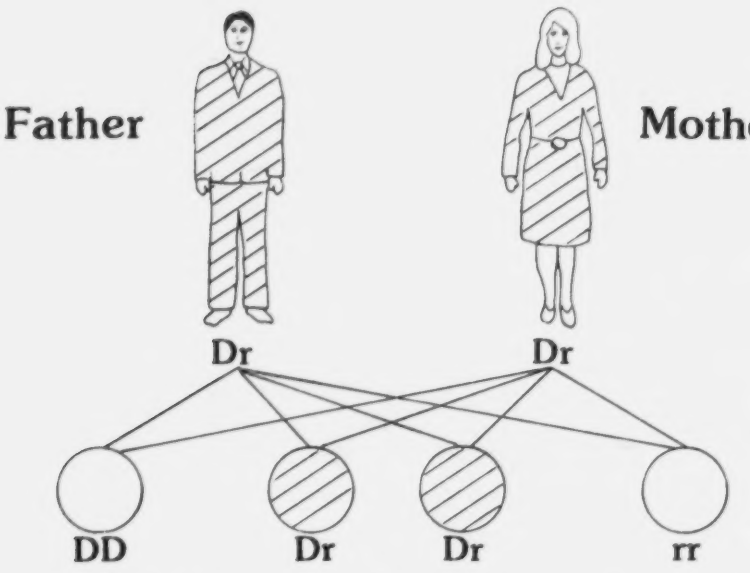
The older child creates a super-concept or a broader category such as "animal" which would include both the cat and the dog.

# Reproduction of Genetic Code



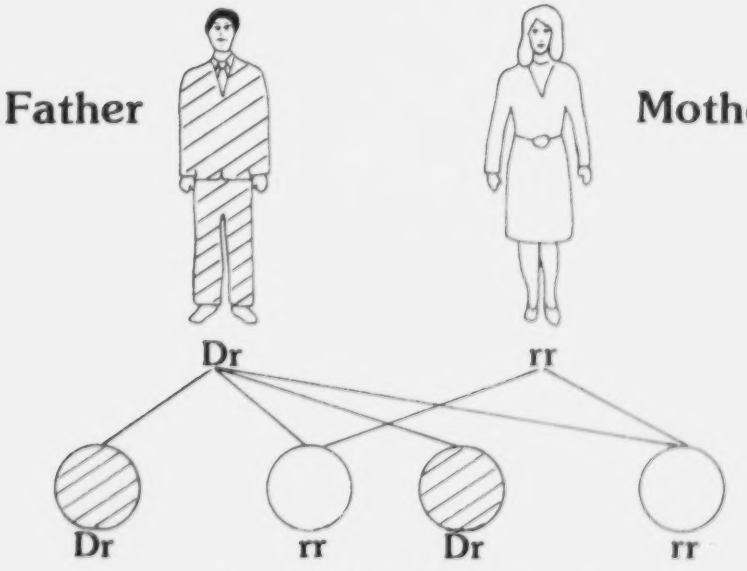
# Inheritance *

**Dominant:**




**Chance: normal 25% carrier 50% affected 25%**

**Recessive:**




**each child 50% chance**

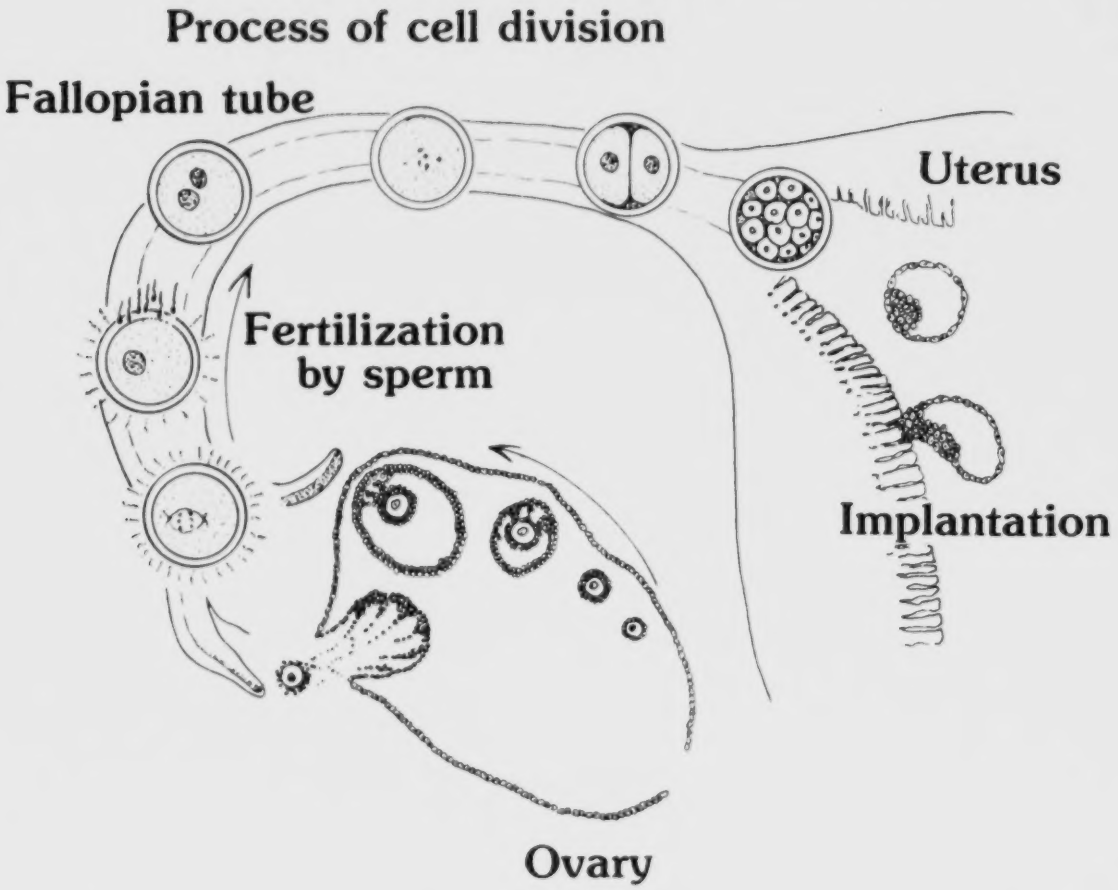
***A common mistake is thinking that if the first child is affected, the next four children will not be affected. This is not true! The risk is the same for each pregnancy.**

# Prenatal Factors Which Can Cause Birth Defects

| Cause | Effect |
|---|---|
| Malnutrition/ lack of protein | Growth retardation, mental deficiency, toxemia in mother |
| Excessive alcohol consumption | Fetal alcohol syndrome, severe growth deficiency, heart defects, malformed facial features, brain damage |
| Smoking | Low birth weight, risk of learning problems in childhood |
| Rubella | Loss of hearing, impaired vision, heart defects, brain damage |
| Drugs | Various effects depending on drug: cleft palate, malformed limbs, stained teeth, and brain damage |

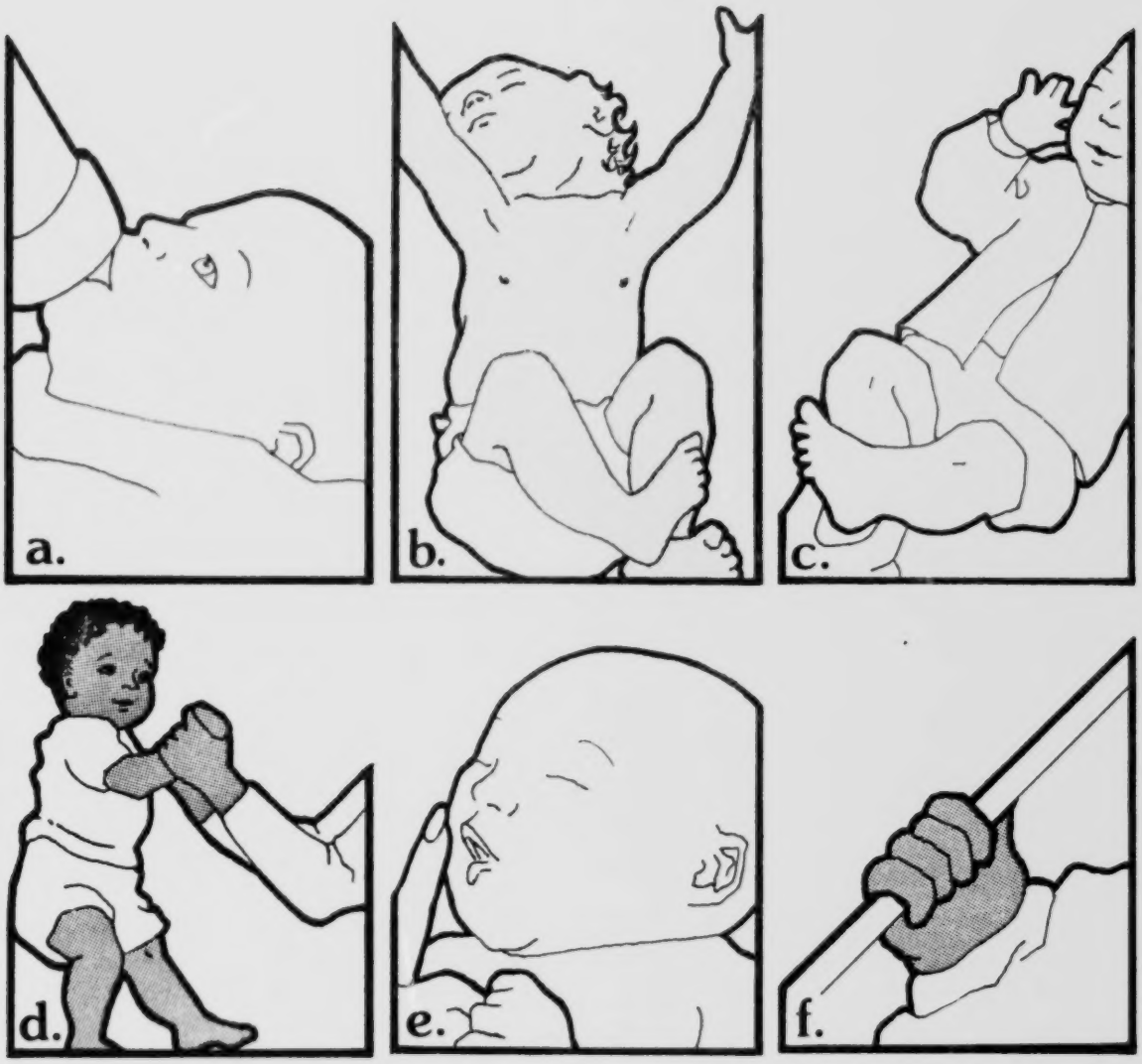
# Conception

## Fertilization - Implantation

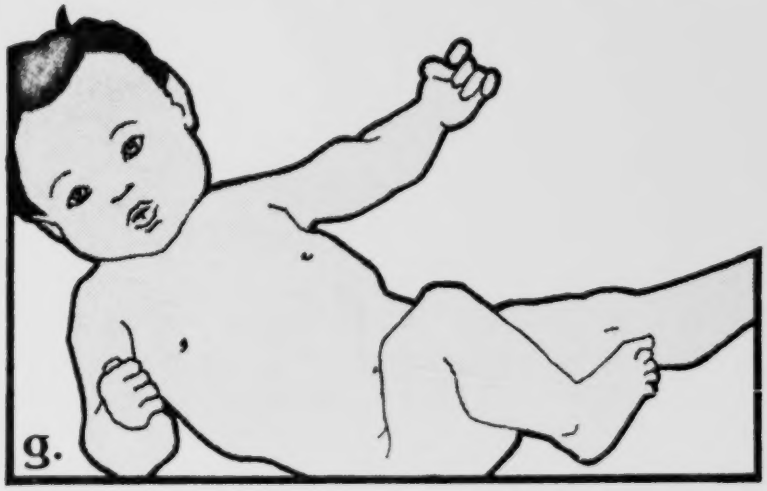


# Reflexes

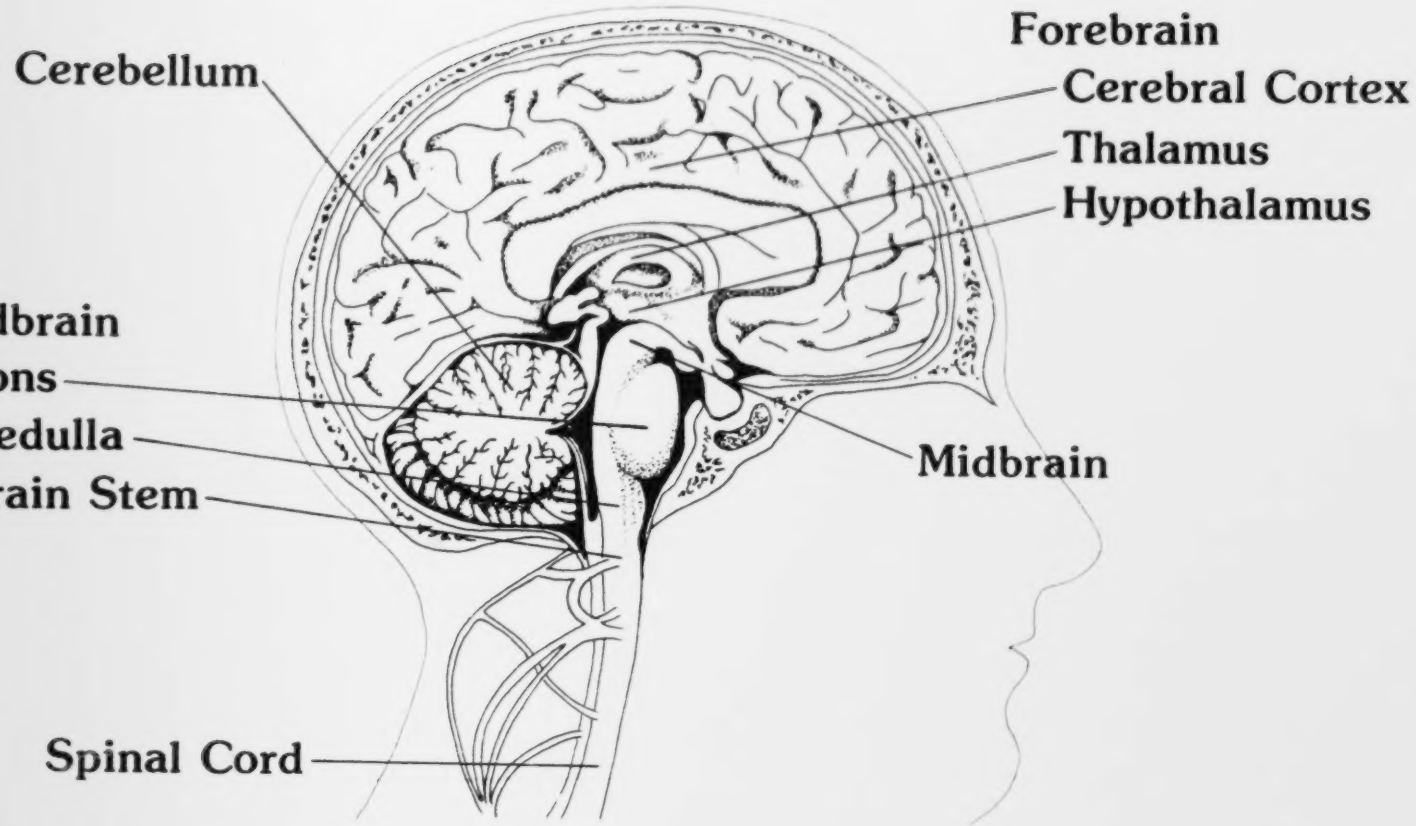





a. Sucking
b. Moro
c. Babinski
d. Stepping
e. Rooting
f. Palmar
g. Tonic



# The Human Brain




123

126

127

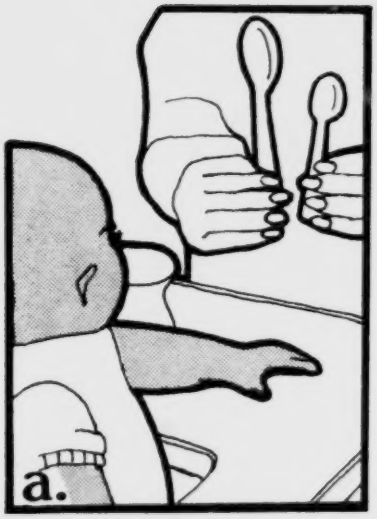
T-16

# The Sensorimotor Period

| Age Ranges | Behaviors |
|---|---|
| 1-2 Months | Applies reflexes. |
| 1-4 Months | Through accidental events learns to repeat behaviors. |
| 3-9 Months | Circular reactions occur. Acts intentionally to produce results. Searches visually for hidden object. |
| 8-16 Months | Coordinates behaviors. Begins problem solving. Finds partially-hidden objects. |
| 12-18 Months | Explores and experiments with environment. Finds a hidden object. Separates self from objects. |
| 15-24 Months | Solves problems by thinking. Begins symbolic thoughts. Has fully-developed object concepts. |

# Gaining Independence

T-18



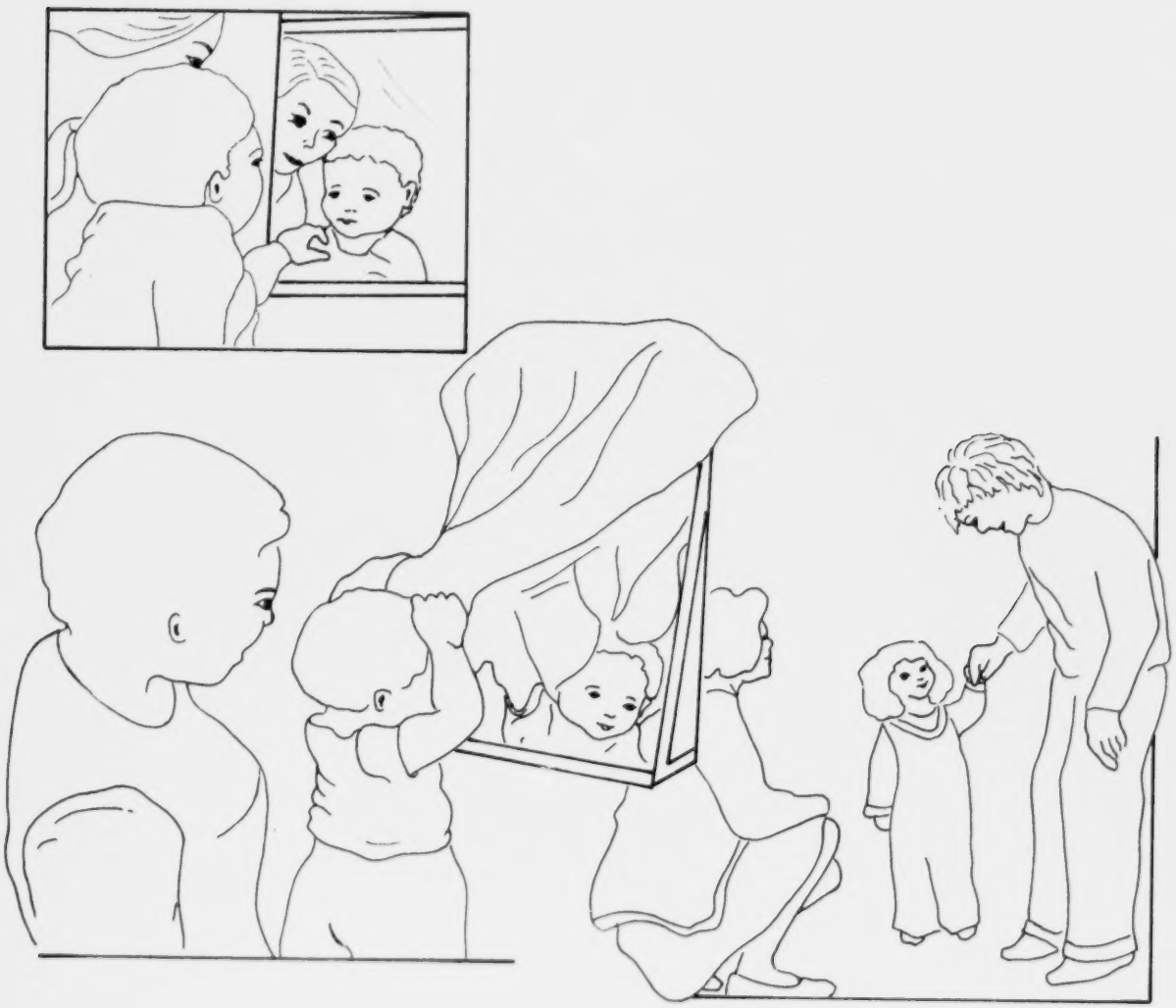
a. Making Choices

b. Self-Dressing

c. Self-Feeding

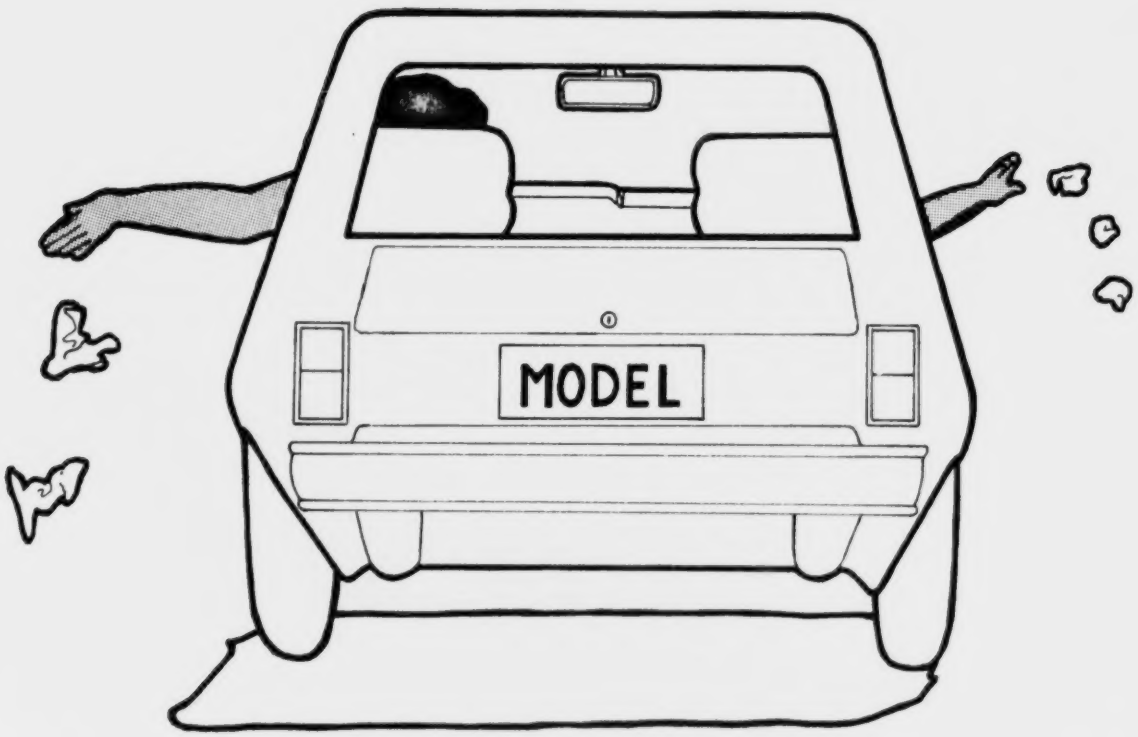
d. Negative Behaviors

# Self-concept



# Modeling

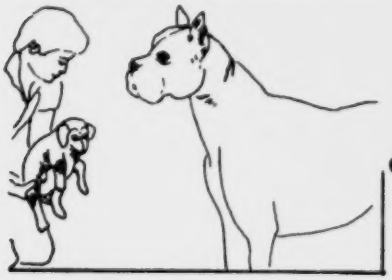
## Children Learn Negative Behaviors as well as Positive Behaviors



# Helping Young Children Cope with Fears

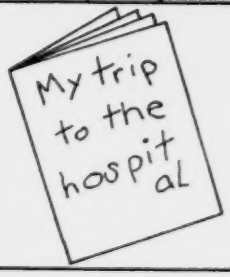
- Talk about fears; draw pictures of them.

- Act out being afraid and being fearsome in dramatic play.



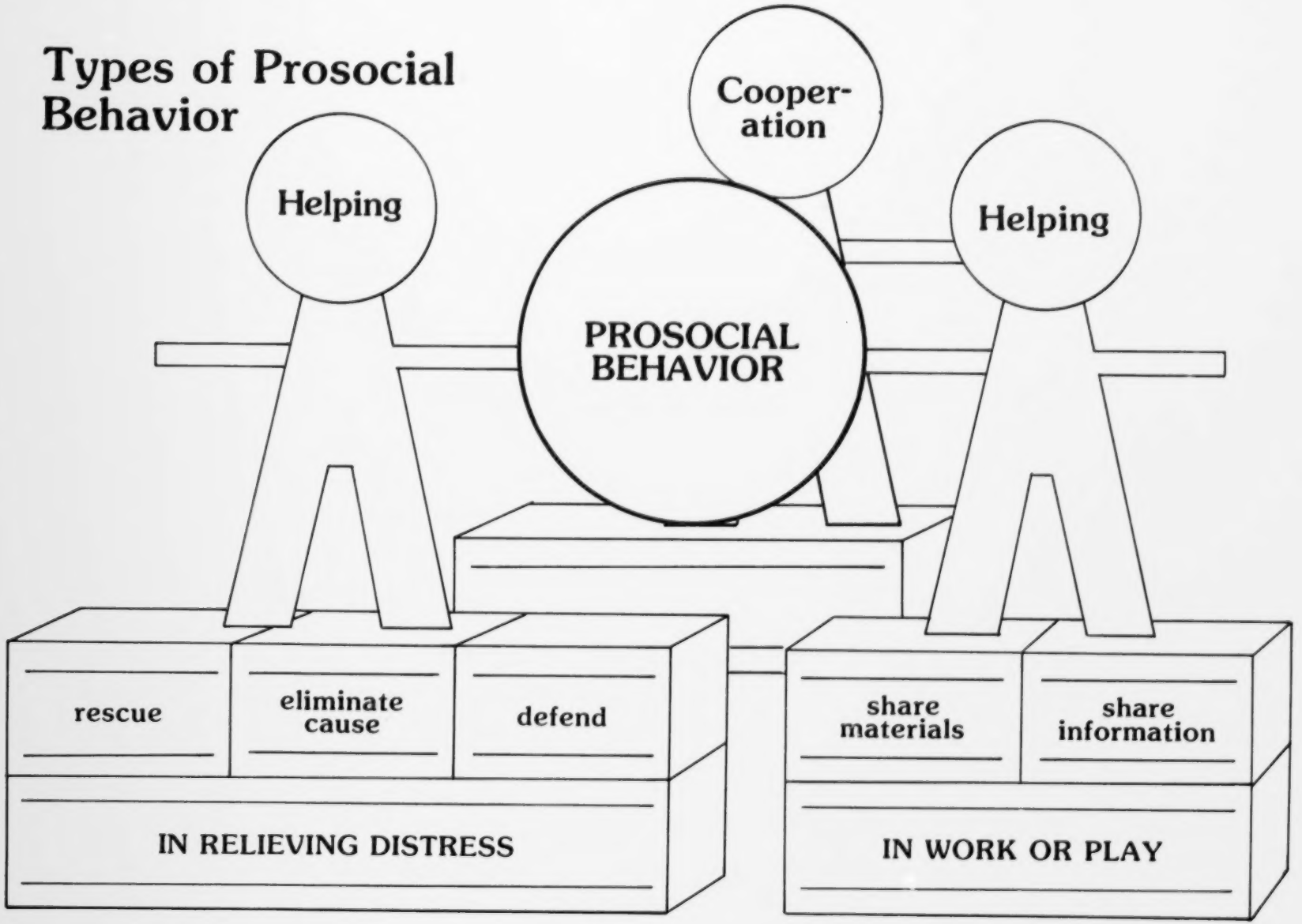
- Build up from smaller to greater confrontation with the feared.

- Provide safe outlets for natural scary feelings.




- Plan ahead for scary events.

# Types of Prosocial Behavior




133

134

# Discovery Learning

Discovery Learning...

- Is based on the assumption that children are naturally curious and motivated to experiment and make generalizations.

- Focuses on inductive reasoning or forming generalizations or principles from a number of related activities.

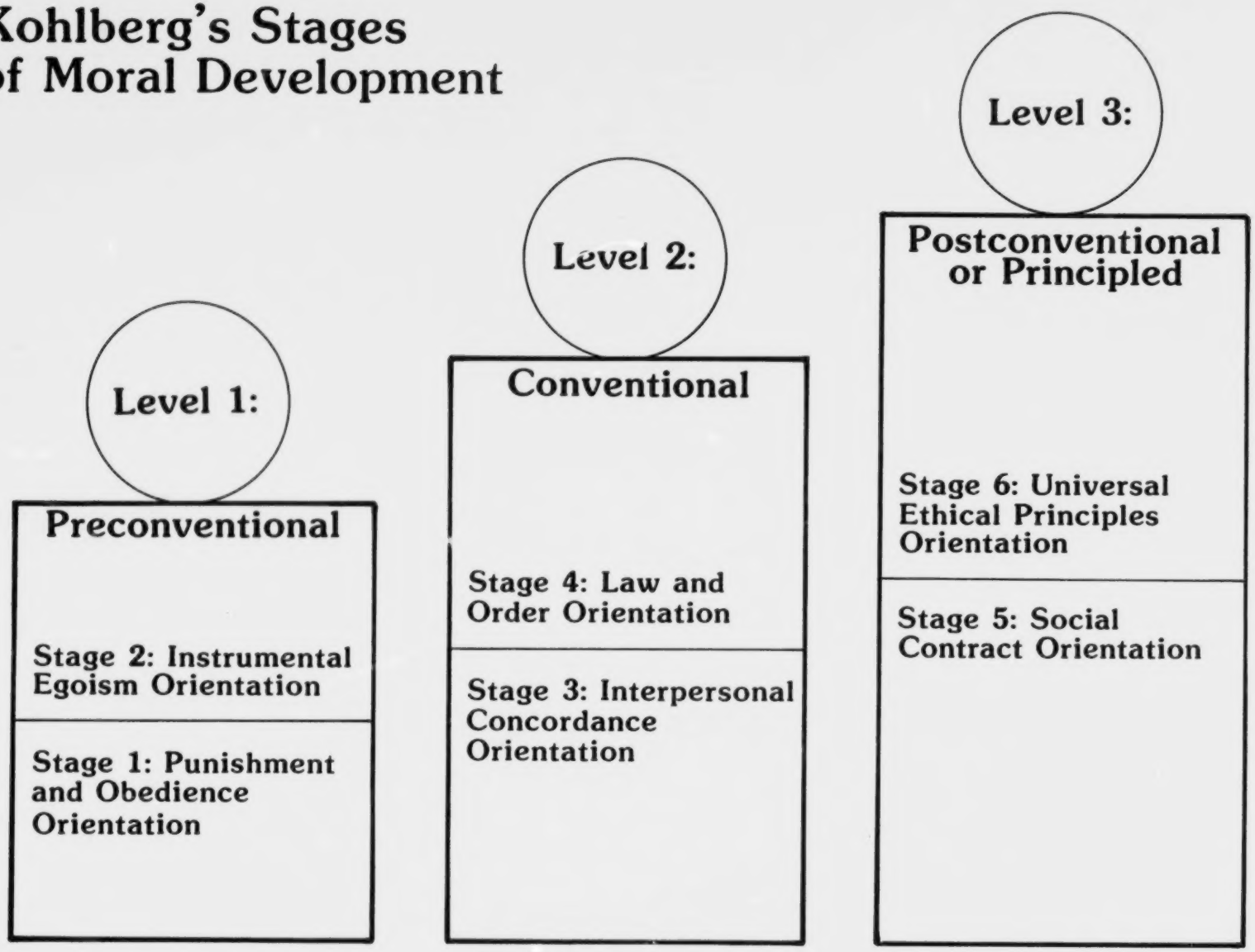
- Provides many problem-solving learning activities which introduce children to novel experiences, curious objects, experiments, demonstrations, etc.

- Provides materials with a few simple instructions. Avoids giving too much guidance. Lets the children explore and experiment themselves.

- Encourages hypothesis testing or predicting by asking "what if" questions.

- Creates an environment in which children feel free to learn from their errors. Promotes the trial and error method.

# Kohlberg's Stages of Moral Development

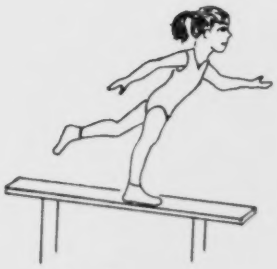


# Motor Development

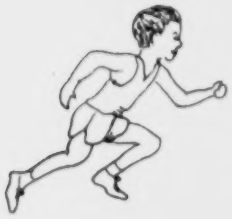
## *Components of Motor Fitness:

coordination

agility



balance



speed

power

*In middle childhood - grace and coordination are maintained because growth is slow; control is gained and limits are tested.

*In adolescence - rapid growth affects grace and precision; eye-hand/foot coordination need constant recalculation.

# Adolescent Egocentrism

- **Involves the Construction of an Imaginary Audience**

  A preoccupation with reflecting on one's own thinking leads to a failure to distinguish between own and others' thoughts.

- **Involves the Construction of a Personal Fable**

  A belief about being one-of-a-kind; a person having new and unique feelings and thoughts, never having been felt or thought before by anyone else.

- **Declines with the Taking on of Adult Roles and Responsibilities**

# Special Problems Growing Up

## Alcohol and Substance Abuse
### Five Patterns of Use*

1. Experimental Use - to satisfy curiosity and experience new feelings

2. Social-Recreational Use - part of socializing among friends/ acquaintances

3. Circumstantial-Situational Use - to get the desired effect; promotes reliance

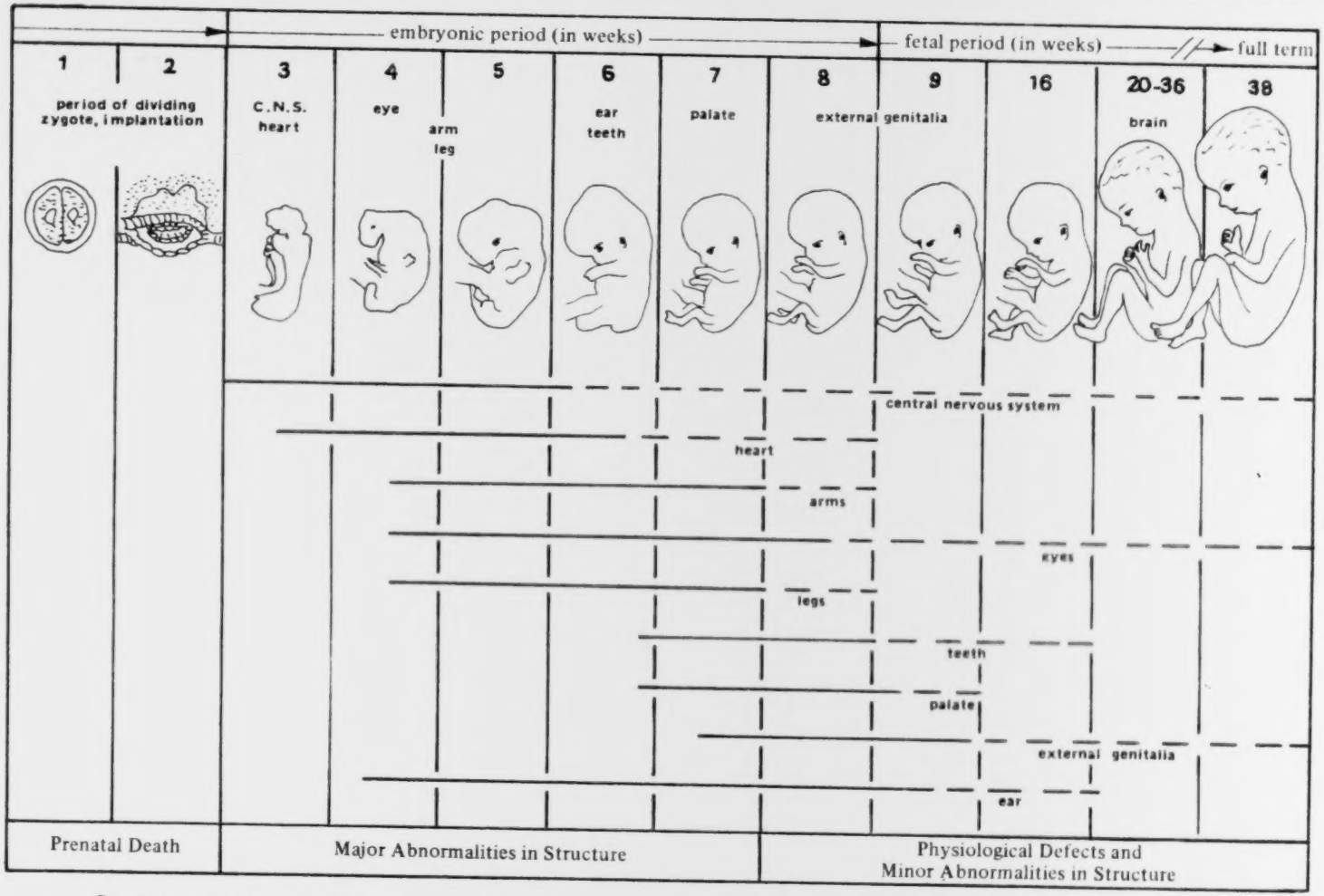
4. Intensified Drug Use - long-term pattern of daily use; becomes integrated into lifestyle

5. Compulsive Drug Use - physical and psychological dependence

*National Commission on Marijuana and Drug Abuse

# Handout Masters

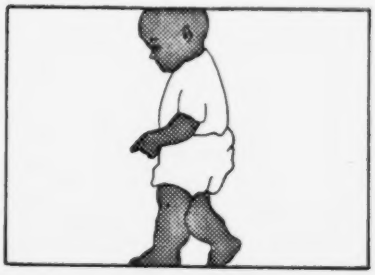
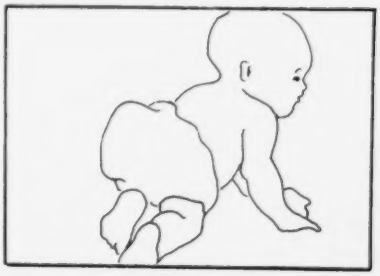
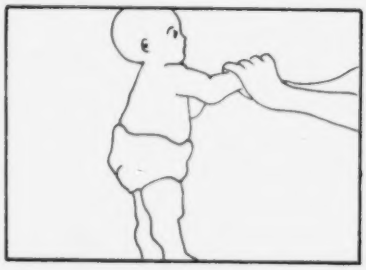
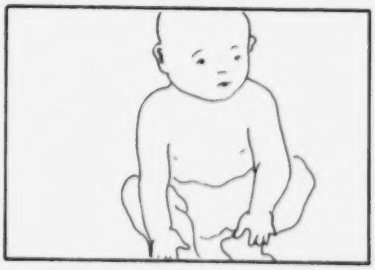
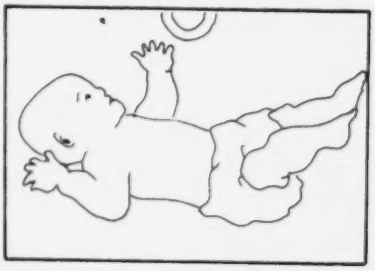
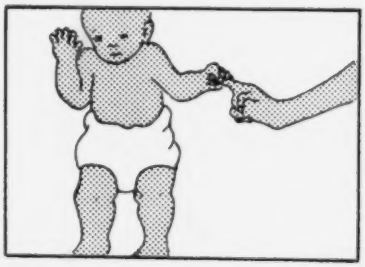
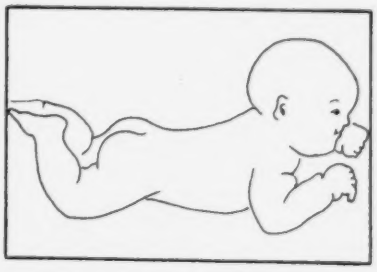
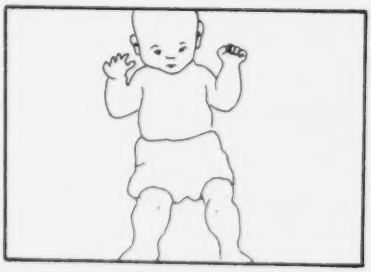
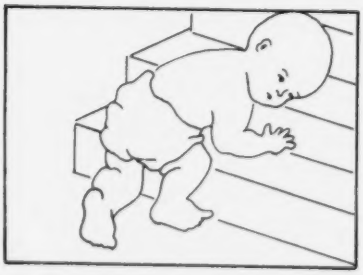
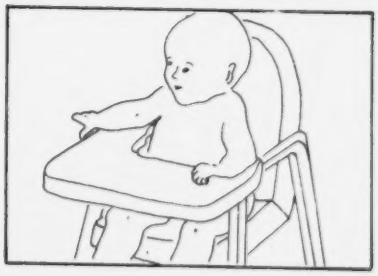
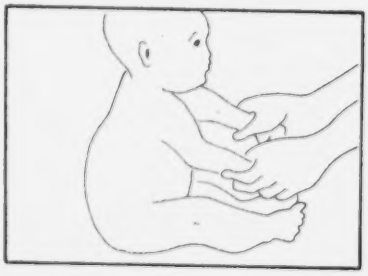
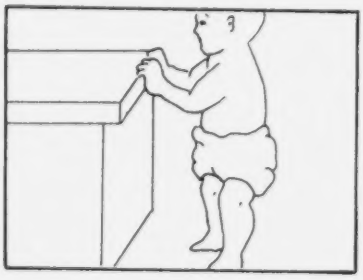
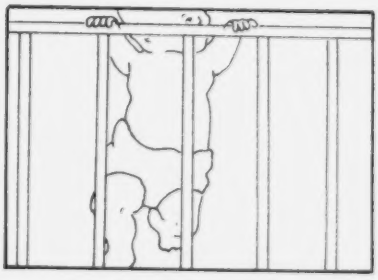
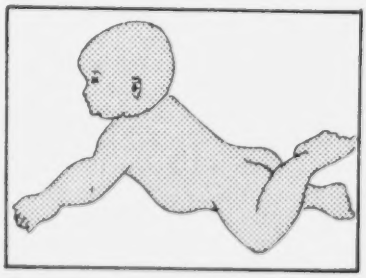
# Prenatal Developmental Sequence--Sensitive Periods




Sensitive or critical periods in human development. During the first two weeks of development, a substance either damages all or most of the cells of the embryo, resulting in its death, or the substance damages only a few cells, allowing the embryo to recover without developing defects. Solid lines in the graph above denote critical periods in prenatal development; broken lines indicate stages that are less sensitive to damage.

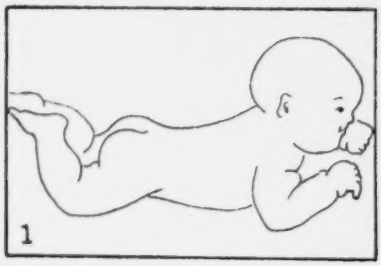
# From Newborn to Toddler

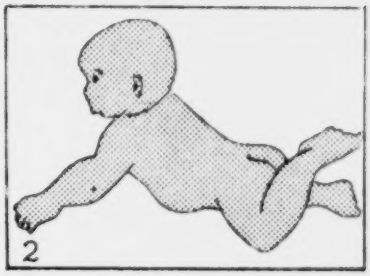
Cut out the pictures and arrange in the correct sequence.

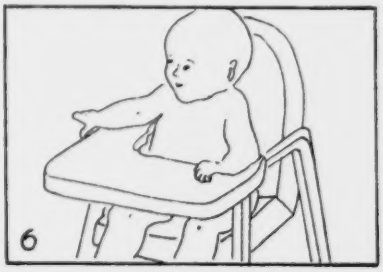















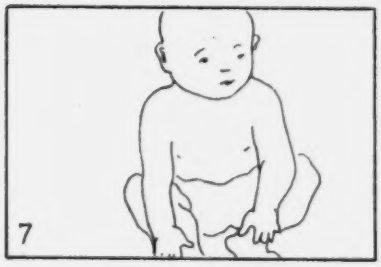
# From Newborn to Toddler

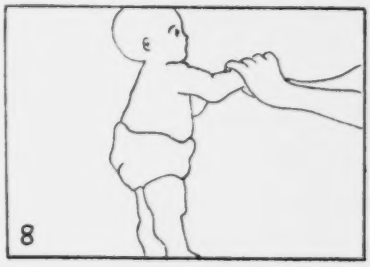
Answer Key

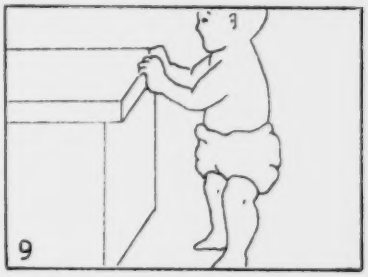


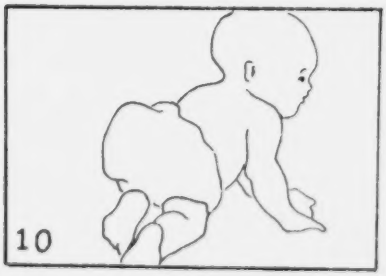



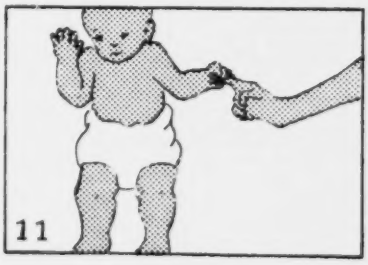


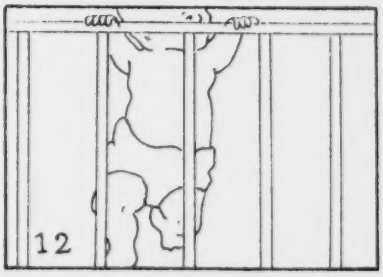



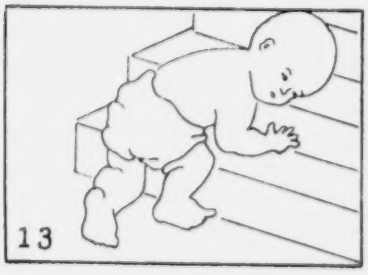



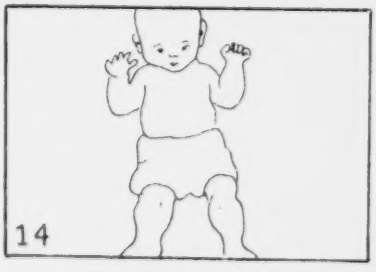



# Goals for Observing Young Children

- To become familiar with the patterns of normal child growth and development
- To gather information about the child in order to meet the child's individual needs
- To help the caregiver analyze specific behavior problems and determine a plan for change, as appropriate
- To assess the progress of the child in achieving developmental milestones or goals
- To observe the progress of growth and development in order to spot possible handicaps
- To have objective data available for reporting a child's progress to parents
- To have objective data available for reporting a child's strengths and needs to professionals to whom the child may be referred
- To evaluate the effectiveness of a given learning technique, environment, or piece of equipment

# Overview of Observation Skills



Observation skills are important for both students and caregivers. Watching children provides useful clues about their needs and development. The student observer sees child development principles and theories in action. Alert caregivers continually watch children's reactions to each other, to adults, and to their environment. Based on such observations, more successful activities, routines, and guidance can be planned.

Three effective methods to record observations are the *anecdotal record*, the *running record*, and the use of a *behavior check list*. With the first two, the observer is writing down facts and behavior. Actions, gestures, voice tones, and setting are described.

Objective recording avoids using "judgment words" like "pretty," "bad," or "happy." These words assign the observer's meaning to the child's actions. An observer avoids judging or putting a value on the child's actions. The student only writes down what is actually seen. (In some assignments, the student's opinion is asked for. It is important to remember that it is just an opinion, only a guess about why the child behaves in a certain way.)

## ANECDOTAL RECORD

An anecdotal record is a step-by-step description of one situation or event. Specific examples of behaviors and interactions are watched. Observations sometimes indicate the child's level of development. Recording may include behavior examples that support theories or principles. Caregiver behaviors in the situation are also recorded.

## RUNNING RECORD

A running record covers a continuous, longer time period than anecdotal recording. Descriptions of a child are written for a certain block of time. For example, the child is observed for a whole hour, afternoon, or day. This type of recording shows behavior patterns. It gives a picture of the child's development in a series of situations.

## CHECK LIST

A check list is a list of child skills and behaviors. It may be a list of behaviors that children have usually achieved by a certain age. Check lists are usually divided into different areas, such as language or physical development.

When using a check list, it is helpful to remember the list is not a test. It should not be used to pressure the child to do more than he is ready for. Check lists are tools to help in planning the most growth-producing environment for each child. The check list shows where the child is now in the developmental sequence. A check list also helps to predict what the next developmental step will be. When used over a period of time, a check list indicates areas where the child may need special attention. The list may also indicates areas where the child will soon be ready for new, more advanced activities.

# Tips for Observing Young Children

- Determine your purpose(s) for observing so that you can select the most appropriate observation technique.
- Select a time to observe when you can be free from responsibilities.
- Sit somewhat away from the children so that you can blend into the background. Sit close enough, however, to hear well.
- Always date and label observations. Include the child's name, child's age, date, time observed, name of person observing, and a description of the setting. (NOTE: If you are doing observations for a class or to share as a case study, omit the child's name and other identifying notes so that confidentiality can be maintained.)
- Record objective, observable facts separate from interpretations or generalizations.
- When conducting anecdotal or running records be sure to record entire events including the actions that lead to an event and the follow-up actions.
- Take notes while you are observing. Use abbreviations or symbols to make note taking faster. Always rewrite your notes in clear language shortly after your observation so that the events will still be fresh in your mind. You might also write your interpretations or generalizations at this time.
- If children ask you what you are doing, simply tell them that you are "doing some adult's work." Children may feel uncomfortable and act differently if they feel too closely observed.
- Remember to put notes out of sight when finished. Such records are confidential and should not be seen by anyone other than the parents unless permission has been granted by the parents to share them.

# Normative Behaviors

**DRINKING BEHAVIOR**

| Approximate Age | |
|---|---|
| 18 mo. | lifts cup to mouth; drinks easily; may drop cup |
| 21 mo. | handles cup well, replaces on table easily |
| 24 mo. | drinks holding with one hand |
| 36 mo. | pours well from a pitcher |

**SELF-FEEDING BEHAVIOR**

| | |
|---|---|
| 18 mo. | fills spoon with food; has trouble getting spoon to mouth; turns spoon in mouth; spills a lot |
| 24 mo. | inserts spoon without turning; spills less |
| 36 mo. | may hold spoon with palm up; less spilling |

**MEALTIME BEHAVIOR**

| | |
|---|---|
| 18 mo. | hands empty dish to caregiver |
| 24 mo. | dawdles and plays with food often; refuses disliked food; little conversation; likes to stir |
| 36 mo. | likes to set table; rarely needs help with eating; either talks or eats |
| 42 mo. | often "can," but "won't"; may object to kinds of food and how served |
| 48 mo. | good at setting table; may choose own menu; likes to serve self, can eat and talk; leaves table a lot |
| 60 mo. | eats fast; very sociable and talkative; seldom leaves table |

**OUTDOOR WALKING BEHAVIOR**

| | |
|---|---|
| 15 mo. | walks a short way then wants to ride; likes to hold onto stroller |
| 18 mo. | runs ahead; interested in everything |
| 21 mo. | more conscious of adult; less exploring; may want to hold hands; likes to push stroller |
| 24 mo. | lingers at frequent stops; may go in opposite direction under pressure; may refuse to hold hands |
| 30 mo. | often dawdles; runs to catch up; chooses to hold hands; begins to think of destination |
| 36 mo. | has definite ideas of destination; may refuse to hold hands |
| 42 mo. | may refuse to continue to walk by standing still or throwing self on ground |
| 48 mo. | runs ahead and waits at crossings; refuses hand at crossings; want to go on short errands |
| 60 mo. | can safely cross streets if not too hazardous; can walk to school alone; may help younger children cross a street |

**LETTER/NAME WRITING**

| | |
|---|---|
| 4½ yrs. | prints one or two recognizable letters |
| 5 yrs. | prints first name |
| 5½ yrs. | prints first name and first letter of last name |
| 6 yrs. | (girls) prints first and last names |
| 6½ yrs. | (boys) prints first and last names |

# Theories of Child Development and Learning*

| Tries to Explain Changes In: | Type of Theory | |
|---|---|---|
| | Developmental: Growth and Learning Interact | Behaviorist: Learning is the Main Determiner of Behavior |
| Cognitive Area<br>- language<br>- concepts<br>- problem solving | Cognitive-Developmental (Jean Piaget)<br>Normative/Maturational (Arnold Gesell)<br>Example: A rich environment with freedom for discovery will allow for intelligent adaptation. | Behaviorist (B.F. Skinner)<br>Examples: Learning to speak.<br>Learning red, blue, and yellow are colors |
| Affective Area<br>- aggression<br>- dependency<br>- cooperation<br>- fears | Psychosocial (Erik Erikson)<br>Normative/Maturational (Arnold Gesell)<br>Examples: Through play the young child learns the benefits of cooperation.<br>Dependency must develop first in order for the child to later become independent. | Behaviorist (B.F. Skinner; Robert R. Sears)<br>Examples: Learning to hug and not to hit.<br>Learning to help others. |
| Physical/Motor Area<br>- body size and growth rate<br>- motor skills (creeping, walking, grasping, etc.) | Normative/Maturational (Arnold Gesell)<br>Example: The head and thus the brain has the fastest growth rate during early childhood, therefore neurological growth is rapid and determines cognitive and motor growth | Behaviorist (B.F. Skinner)<br>Examples: Complex skills such as riding a bicycle or skating and physically related behavior such as eating nutritious food. |

*From: Charlesworth, Rosalind. *Understanding Child Development*. Albany, NY: Delmar, 1983, p. 21.

# Behavior Modification Method

STEP 1. Assess the situation. Identify existing pattern of reinforcement. Take a base line of the behavior. (How often does the behavior occur?)

STEP 2. Identify desired behavior. (What behavior should be occurring?)

STEP 3. Change the environment in order to eliminate the reinforcer of the undesirable behavior. Apply a negative reinforcer if needed.

STEP 4. Reinforce the desired behavior. What reinforcer will work with this child: Apply reinforcer consistently at first.

STEP 5. Reassess the situation. Take a base line of the behavior. (Has it started to change?)

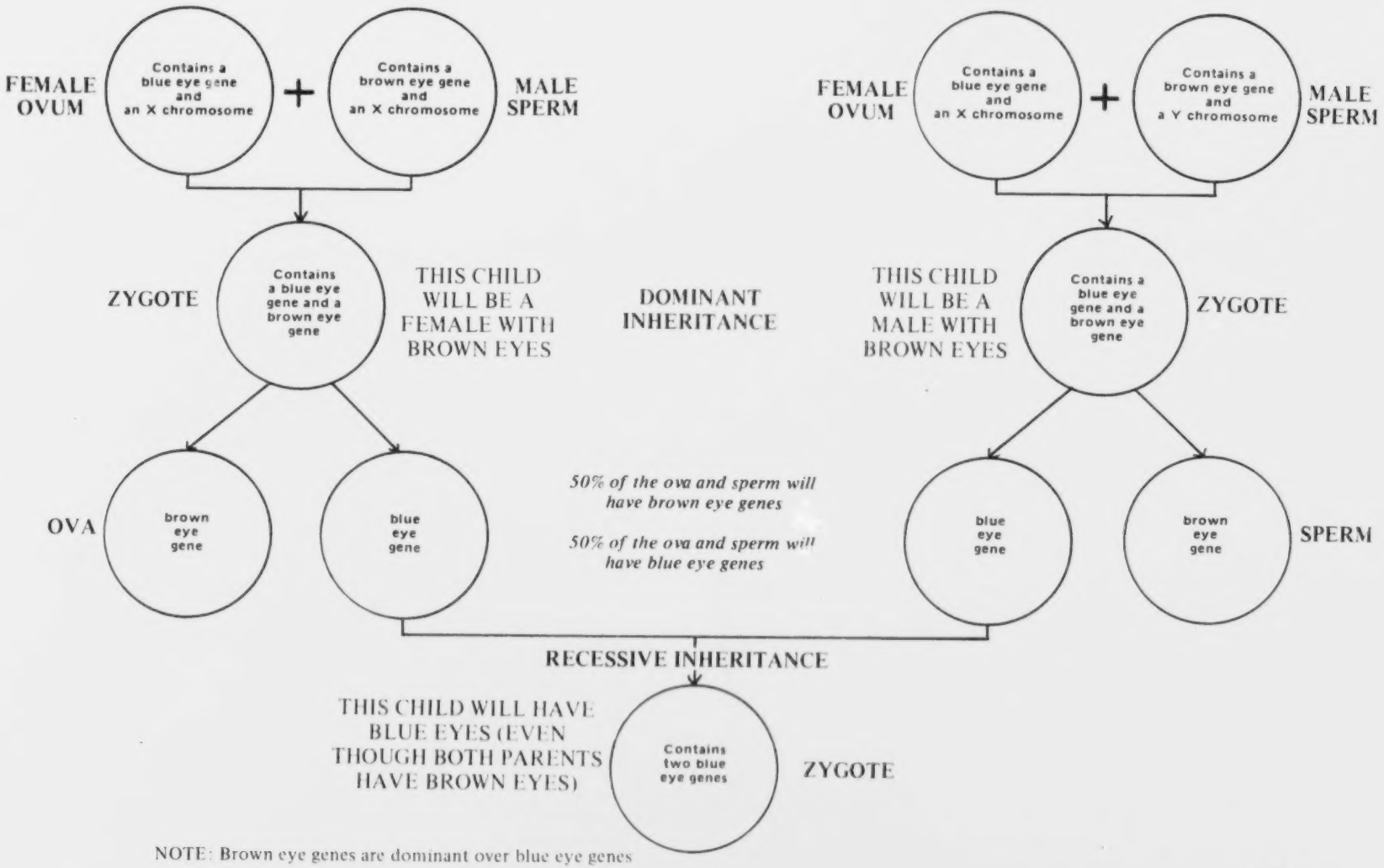
# Stages in Psychoanalytic Theory

| APPROXIMATE AGE | FREUD'S PSYCHOSEXUAL | ERIKSON'S PSYCHOSOCIAL |
|---|---|---|
| Birth to 1 year | **Oral Stage**: Pleasurable sensations centered in mouth; eating most stimulating activity. | **Trust vs. Mistrust**: Learn to trust or mistrust that basic needs will be met. |
| 1-3 years | **Anal Stage**: Pleasurable sensations centered in anus; toilet training is the most important activity. | **Autonomy vs. Shame and Doubt**: Learn to be self-sufficient in many activities or to doubt own abilities. |
| 3-6 years | **Phallic Stage**: Focus on having or not having a penis; having sexual fantasies about opposite sex parent. | **Initiative vs. Guilt**: Wanting to undertake adultlike activities; feeling guilty at exceeding limits. |
| 7-11 years | **Latency**: An interlude focusing on learning skills. | **Industry vs. Inferiority**: Learning to be competent and productive or to feel inferior and incompetent. |
| Adolescence | **Genital Stage**: Pleasurable sensations centered in genitals; seeking sexual stimulation and satisfaction most important activity. | **Identity vs. Role Confusion**: Wanting to know "Who am I?"—establishing identities or being confused about identity. |
| Adulthood | Adult fulfillment of love and work. | **Intimacy vs. Isolation**: Wanting companionship and love with another person or becoming isolated from others.<br><br>**Generativity vs. Stagnation**: Adult productivity in love and work or becoming stagnant and inactive.<br><br>**Integrity vs. Despair**: Making sense out of life, seeing life as a meaningful whole or despairing at ever reaching goals and answering life questions. |

# Piaget's Periods of Cognitive Development

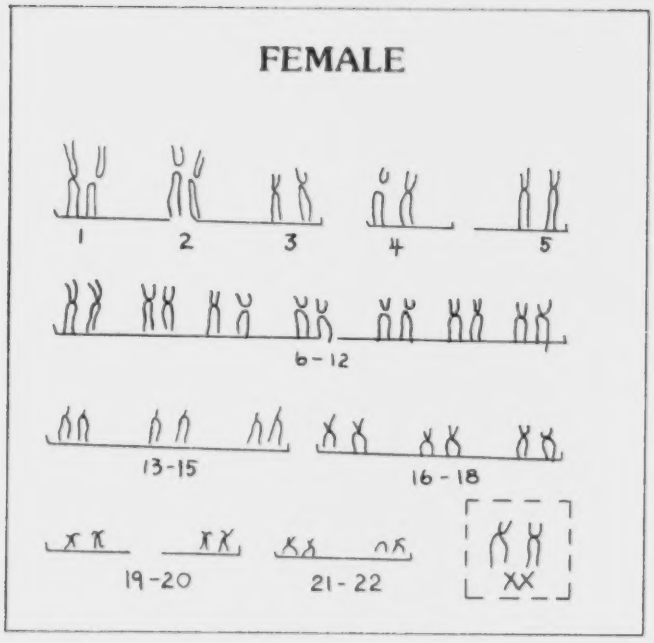
| APPROXIMATE AGE | NAME | CHARACTERISTICS | MAJOR LEARNINGS |
|---|---|---|---|
| Birth -2 years | Sensorimotor | The period begins with reflexes. The infant uses senses and motor skills to learn about the world. Complex coordination of sensorimotor skill develops. | Object permanance and mental representation. |
| 2-6 years | Preoperational | The child is egocentric in thinking of self as the center of the world. The child uses language to understand the world. | Decentration and perspective taking. |
| 7-11 years | Concrete Operational | The child uses logical thinking to interpret events and perceptions in the world. | Conservation, number, classification, and other concrete ideas. |
| From 12 on | Formal Operational | The person uses abstract hypothetical thinking to interpret the world. | The evolution of the ideas that there are many answers to every question. |

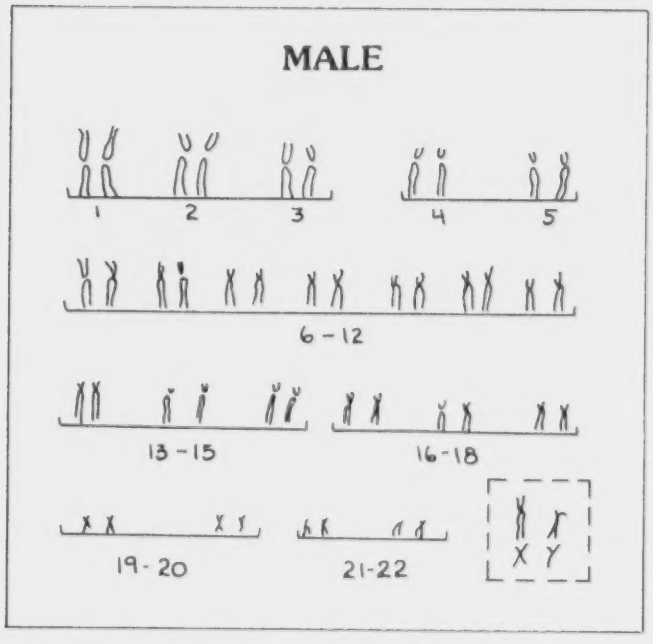
# Dominant and Recessive Inheritance


FEMALE OVUM
Contains a blue eye gene and an X chromosome
+
Contains a brown eye gene and an X chromosome
MALE SPERM
ZYGOTE
Contains a blue eye gene and a brown eye gene
THIS CHILD WILL BE A FEMALE WITH BROWN EYES
DOMINANT INHERITANCE
FEMALE OVUM
Contains a blue eye gene and an X chromosome
+
Contains a brown eye gene and a Y chromosome
MALE SPERM
THIS CHILD WILL BE A MALE WITH BROWN EYES
Contains a blue eye gene and a brown eye gene
ZYGOTE
OVA
brown eye gene
blue eye gene
50% of the ova and sperm will have brown eye genes
50% of the ova and sperm will have blue eye genes
blue eye gene
brown eye gene
SPERM
RECESSIVE INHERITANCE
THIS CHILD WILL HAVE BLUE EYES (EVEN THOUGH BOTH PARENTS HAVE BROWN EYES)
Contains two blue eye genes
ZYGOTE

NOTE: Brown eye genes are dominant over blue eye genes

# Chromosomes



# Summary of Prenatal Development

| WEEK | DEVELOPMENT |
|---|---|
| 0 | fertilization of ovum by sperm in Fallopian tube |
| ½ | zygote travels down tube, undergoing rapid cell division |
| 1 | blastocyst arrives in the uterus |
| 2 | implantation occurs |
| 3 | embryo changes mother's hormone balance |
| 4 | very rapid development; heart begins beating |
| 5 | digestive system develops |
| 6 | genetic characteristics can be determined |
| 7 | urinary and genital systems differentiated; sex determinable |
| 8 | embryo becomes fetus; all structures set; systems functioning |
| 9 | fetus responds to stimuli; heartbeat can be heard |
| 10 | brain development complete; blood developing in marrow |
| 11 | behaviors begin: swallow, inhale, exhale, hiccough, etc. |
| 12 | individual behavioral patterns can be determined |
| **MONTH** | |
| 4 | rapid growth; strong reflexes; 1/3 birth size |
| 5 | movements felt by mother; cell replacement process begins |
| 6 | lanugo and vernix form; hair grows, testes begin descending |
| 7 | can survive birth with special care |
| 8 | fat accumulates; systems increase precision |
| 9 | acquires disease antibodies; gestation complete |

# What's the Score?

The APGAR SCORE tells the status of a newborn. At 1 and 5 minutes after birth, a nurse, doctor, or anesthesiologist rates the baby in 5 vital signs:

| SCORE | 2 (10-7)* | 1 (6-4) | 0 (3-0) |
|---|---|---|---|
| APPEARANCE | Pink | Body pink, limbs blue | Body blue |
| PULSE | Over 100/min. | Under 100/min. | Absent |
| REFLEX (light slap to soles of feet) | Reflexive crying | Grimace slight cry | No response |
| MUSCLE TONE | Active motion | Some motion | Limp, no motion |
| BREATHING | Strong effort with vigorous crying | Slow, irregular | No breathing |

*SCORING KEY: 7-10 Ready to survive
4-6 Needs some help
0-3 Needs immediate intensive care

153

# Reflexes

| REFLEX | STIMULATION | RESPONSE* |
|---|---|---|
| Rooting | Cheek stroked with finger or nipple | Head turns; mouth opens |
| Sucking | Finger or object in infant's mouth | Sucks using tongue and mouth |
| Moro (Startle) | Sudden stimulus, such as loud noise or being dropped | Extends legs, arms, and fingers; arches back; draws back head |
| Tonic neck | Head turned to one side | Extends arms and legs on that side; flexes opposite limbs |
| Babinski | Sole of food stroked | Toes fan out; foot twists in |
| Grasping (Palmar) | Palm of hand touched | Makes tight grasp; will grasp tighter if object is pulled away |
| Stepping (Walking) | Held upright with feet touching flat surface | Appears to walk in a coordinated way |

* These behaviors cease a few months after birth.

# Sequence of Motor Development

Adapted from Mary M. Shirley, *The First Two Years*, Volume II (Intellectual Development), University of Minnesota Press, Minneapolis. Copyright 1933 by the University of Minnesota.

# Abilities and Nutritional Needs of Infants and Toddlers

| | |
|---|---|
| Birth-3 Months: | Breast milk or formula every 3-4 hours<br>Vitamin supplements with vitamin C<br>Strong sucking reflex |
| 3-6 Months: | Introduce first solid foods, usually closer to 6 months<br>Cereals usually first<br>Fruit juices<br>Plain strained foods<br>6-8 oz. of milk 3-4 times a day<br>Need for foods with iron or a supplement |
| 6-9 Months: | Eats 3 meals plus snacks<br>Well-balanced diet based on the Daily Food Guide<br>Holds bottle<br>Shows interest in self-feeding<br>Chews well<br>Needs small portions of food |
| 9-12 Months: | Picks up foods, ready for finger foods<br>Mashed table foods or junior foods<br>8 oz. milk 3 times a day<br>Drinks from a cup with help |
| 12-18 Months: | Gradually weaned from bottle or breast<br>Begins using spoon<br>Wants to feed self<br>Uses cup well with both hands |
| 18-24 Months: | Feeds self<br>Uses spoon correctly<br>Uses cup or glass with one hand<br>Pours from a pitcher |
| 24-36 Months: | Eats foods as adults do<br>Has developed food preferences<br>Appetite may vary<br>Needs 3 well-balanced meals plus snacks<br>Can assist in meal preparations |

# Language Development

| Age in Months | RECEPTIVE (Listening) | EXPRESSIVE (Speaking) |
|---|---|---|
| 1-2 | Is calmed by familiar voices<br>Listens to voices<br>Listens to noises made by toys | Exhibits undifferentiated crying as a reflexive response in discomfort<br>Makes throaty vocalizations while crying<br>Coos and babbles–undifferentiated vocalizations |
| 2-4 | Looks toward sound<br>Moves head and eyes to follow sound | Differentiates cries for different types of discomfort, such as hunger cry or pain cry<br>Babbles in repeated sounds of two syllables: "ba-ba," "goo-goo"<br>Begins loud laughter |
| 4-6 | Distinguishes between friendly and angry sounds | Vocalizes, somewhat randomly, over a sustained period of time<br>Imitates the sounds of others<br>Repeats vowel sounds ("a-a-a") |
| 6-12 | Responds to hearing own name<br>Looks at other familiar objects when they are named<br>Enjoys listening to own voice<br>Responds to requests ("Give me the rattle.")<br>Understands commonly used words | Begins to say "mama" or "dada"<br>Imitates words or syllables<br>Begins to expand vocabulary to one or two other words |
| 12-24 | Follows simple verbal instructions; points to parts of object when named<br>Listens to simple stories of a few sentences, especially about self | Begins to acquire more words by imitating the sounds of others (at 12 months has 10-15 word vocabulary; at 24 months 20-50 words)<br>Begins to use personal pronouns "I" and "me" or own name<br>Asks for objects by name; "ball" or "cookie"<br>Begins to string two words together into simple sentences ("Me go.") |
| 24-36 | Follows instructions using position words such as "in," "out," "under," etc.<br>Frustrated if not understood | Uses words correctly<br>Uses short sentences of more than two words<br>Uses pronouns correctly. "I want" instead of "Me want" |

# Sequence of Language Acquisition



## Language Behaviors

**0 - 6 Months**

Cries, moves, and uses facial expressions to communicate
Responds to singing or music
Vocalizes by cooing and gurgling when satisfied and comfortable
Interacts with adults by smiling and increasing sounds
Vocalizes more when someone repeats the infant's own sounds
Copies adult mouth movements
Makes some chuckling sounds
Turns head to follow person who is talking
Responds to own name

**6 - 12 Months**

Babbles, using consonant-like sounds (da, ma)
Appears to try to "talk" by putting more emphasis on some sounds than others
Tries to imitate some adult sounds
Repeats syllables, making sounds like words (dadada or mama)
Understands some words, such as "go" or "daddy"
Gestures to express self. Holds out arms to be picked up
Babbles some, but copies more adult intonation
Tugs at adult to show something
Gestures and uses words to express wants

**12 - 18 Months**

Attempts to carry out simple commands
Can point to at least two or three body parts
Enjoys listening to short, familiar stories
Can name pictures of three .o six familiar objects
Can correctly use from three to 50 words
Uses two-word sentences

**18 - 24 Months**

Uses "my" or "mine" to show possession
Talks to self
Uses own name in referring to self
Repeats what others say

**24 - 36 Months**

Follows instructions using position words, such as "in," "out," "over," "under," etc.
Frustrated if not understood
Uses words correctly
Uses short sentences of more than two words
Uses pronouns correctly. "I like you" instead of "Me like you."

# Learning To Toilet

## READY

Before 18 months of age the children's elimination was automatic. Now, they stay dry longer. They are naturally curious and busy learning new words, a good time to introduce toileting words and behaviors.

Children enjoy imitating. By watching adults or older children, they will become familiar with the bathroom and potty. They can talk about it. If they want, they can practice sitting on the potty. Encourage them without pressure.

Children will learn that their bodies produce bowel movements and urine. Clothing is now easier for children to manage.

## SET

Children become aware of body feelings preceding elimination. When this happens, around age two, they are ready for encouragement to use the potty. Let them know what is expected. They can practice toileting a doll. This is a good time for children to begin wearing training pants.

It is important to praise children's toileting successes. Children feel pride in their efforts. Shaming children who have accidents causes them to focus on failure and feel negatively about themselves and the task.

Learning to toilet is an individual process. Each child will progress at an individual rate and respond to different approaches.

## GO

Children are fully independent when they can toilet all alone. They can manage to use the toilet regularly without being told and without help.

# Motor Skills

| Skills Expected During Three Age Periods | | |
|---|---|---|
| Between 37 and 48 Months | Between 49 and 60 months | Between 61 and 72 Months |
| Throws ball underhanded (4'). | Bounces and catches ball. | Throws ball (44' boys; 25' girls). |
| Pedals tricycle 10 feet. | Runs 10 feet and stops. | Can carry a 16-pound object. |
| Catches large ball. | Pushes/pulls/wagon/doll buggy. | Kicks rolling ball. |
| Completes forward somersault (aided). | Kicks 10" ball towards target. | Skips alternating feet. |
| Jumps to floor from 12". | Carries 12 lb. object. | Roller skates. |
| Hops three hops with both feet. | Catches ball. | Skips rope. |
| Steps on footprint pattern. | Bounces ball under control. | Can roll ball to hit object. |
| Catches bounced ball. | Hops on one foot four hops. | Rides two-wheel bike with training wheels. |
| Approximates circle. | Strings and laces shoe lace. | Folds paper into halves and quarters. |
| Cuts paper. | Cuts following line. | Traces around hand. |
| Pastes using pointer finger. | Strings 10 beads. | Draws rectangle, circle, square and triangle. |
| Builds three block bridge. | Copies figure X. | Cuts interior piece from paper. |
| Builds eight block tower. | Opens and places clothespins - (one handed) | Uses crayons appropriately. |
| Draws *O* and +. | Builds a five block bridge. | Makes clay object with two small parts. |
| Dresses and undresses doll. | Pours from various containers. | Reproduces letters. |
| Pours from pitcher without spilling. | Prints first name. | Copies two short words. |

The skills are listed in the approximate order of difficulty within each age period.

# Self-concept Indicators

- POSITIVES
  - not afraid of new situations
  - makes friends easily
  - tries new materials
  - trusts teacher
  - cooperates and follows reasonable rules
  - manages behavior responsibly
  - creative; imaginative
  - talks freely
  - independent worker
  - overall happy
- NEGATIVES
  - lacks initiative
  - depends on others for direction
  - always asks permission
  - not spontaneous
  - enters few new activities
  - stays alone
  - talks only a little
  - possessive of things
  - demands a lot
  - may respond to threats by being agressive or withdrawing
  - easily frustrated

# Play as a Source of Social and Cognitive Development

| COGNITIVE CATEGORIES | SOCIAL PARTICIPATION CATEGORIES | | | | |
|---|---|---|---|---|---|
| | UNOCCUPIED/ ONLOOKER | SOLITARY | PARALLEL | ASSOCIATIVE | COOPERATIVE |
| FUNCTIONAL | no | yes | yes | yes | no |
| CONSTRUCTIVE | no | yes | yes | yes | yes |
| DRAMATIC | no | yes | yes | yes | yes |
| GAMES WITH RULES | no | no | no | no | yes |

DEFINITIONS:

| | |
|---|---|
| FUNCTIONAL | repeating muscle movements with or without objects |
| CONSTRUCTIVE | manipulating objects to make something |
| DRAMATIC | substituting an imaginary situation to meet needs and wishes |
| GAMES WITH RULES | accepting prearranged rules and rule adjustments |
| UNOCCUPIED | not playing; little involvement in any one activity |
| ONLOOKER | watching other children play with or without verbal participation; with strong focus on the activity |
| SOLITARY | plays alone and independent of other children with materials that are different from those being used by others |
| PARALLEL | plays independently, but with other children and similar materials |
| ASSOCIATIVE | playing with others; sharing or exchanging materials; following or otherwise doing similar actions without a division of labor or common goal |
| COOPERATIVE | participation in a group organized for a particular purpose; a sense of belongingness with one or more leaders and definite roles or responsibilities |

# The Preoperational Period

- **SYMBOLIZING**

  Objects and actions can be internally symbolized in mental pictures and words.

- **REASONING**

  Reasoning influenced by wants and desires. Reasons from the specific to the specific or transductively.

- **EGOCENTRISM**

  Child is interested in self. Views things from a perspective of how self is affected.

- **NONREVERSIBILITY**

  Begins grouping or organizing classes of objects. Progresses rapidly in classification skills. Groups objects based on shared characteristics.

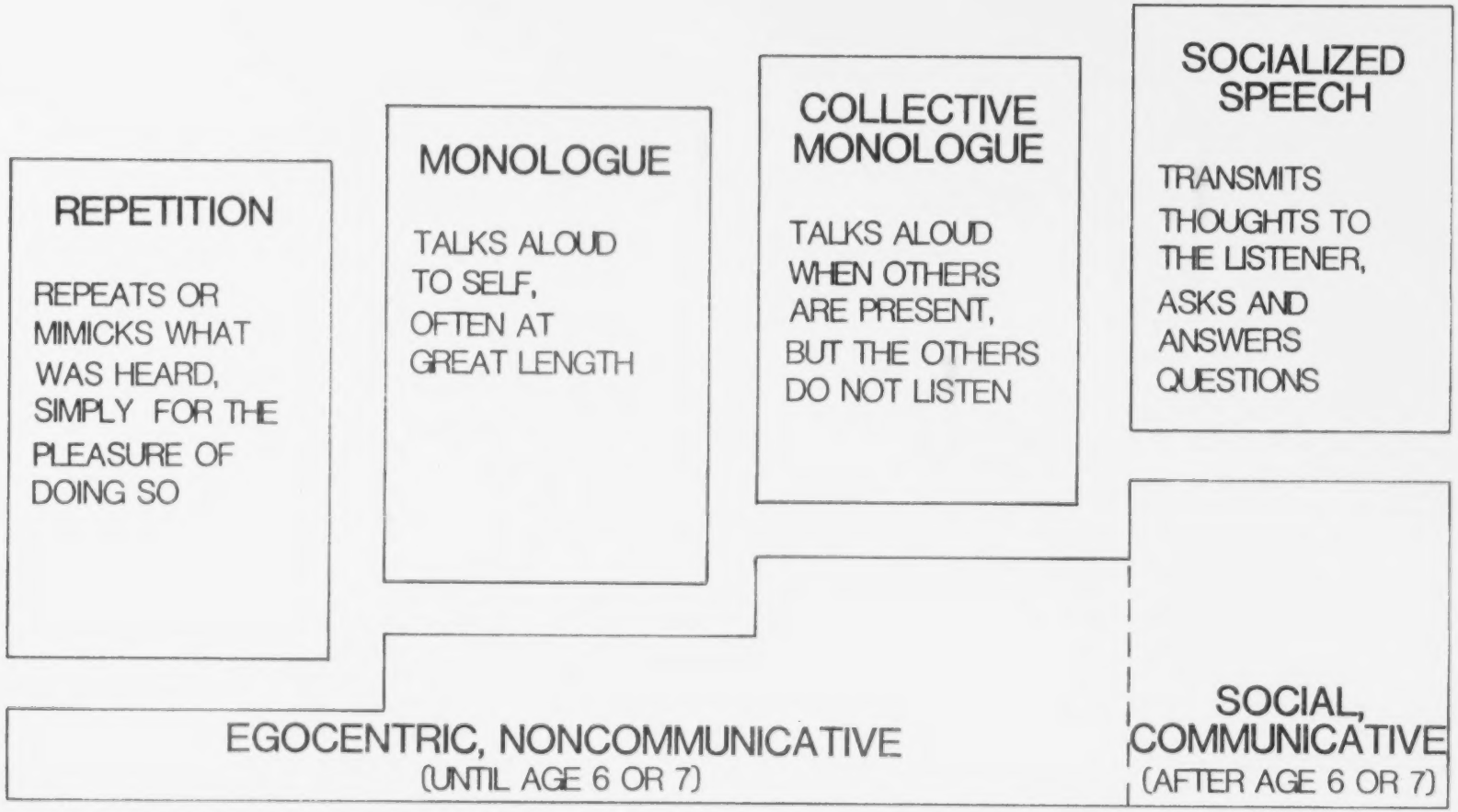
- **CLASSIFICATION**

  Child can reason only forward from the beginning to the end. Cannot think in reverse.

- **CENTRATION**

  Child is unable to consider more than one aspect of a situation at a time.

# Speech Development


REPETITION
REPEATS OR MIMICKS WHAT WAS HEARD, SIMPLY FOR THE PLEASURE OF DOING SO
MONOLOGUE
TALKS ALOUD TO SELF, OFTEN AT GREAT LENGTH
COLLECTIVE MONOLOGUE
TALKS ALOUD WHEN OTHERS ARE PRESENT, BUT THE OTHERS DO NOT LISTEN
SOCIALIZED SPEECH
TRANSMITS THOUGHTS TO THE LISTENER, ASKS AND ANSWERS QUESTIONS
EGOCENTRIC, NONCOMMUNICATIVE
(UNTIL AGE 6 OR 7)
SOCIAL, COMMUNICATIVE
(AFTER AGE 6 OR 7)

Levels of speech development according to Piaget.

# Formal Operations

- Begins about age 11 or 12

- Thought becomes hypothetical in emphasis –
  if . . . . . then . . . . . .

- Thought becomes abstract

  able to deal with all potentially relevant parts of a problem through transformations:
  - Identify–seeing the problem as it is
  - Negation–seeing the problem gone
  - Reciprocal–seeing the opposite of the problem
  - Correlative–seeing the problem in relation to other problems

  not dependent on concrete reality

- Is not universal for all people

- Is not completely understood across adulthood

# Concrete Operations

- Span the years 7-12 or 14
- Depend on the ability to take the point of view of another
- Characterized by consistent ability to perform logical operations on concrete objects–conservation
- Built on understanding of:

  Identity–outward appearance change doesn't alter certain internal properties (e.g., number, volume, weight)

  Reversibility–procedures can be reversed and objects can retain original state

  Compensation–changes in one dimension are balanced by equal, opposite changes in another

172

# Intelligence Tests: Uses and Abuses

•USES

- •To determine how to teach by identifying specific strengths and needs of a child
- •To help in determining placement in regular vs. special classes

•ABUSES

•MISLABELING:

Rather than strictly measuring intelligence, these tests measure scholastic aptitude, verbal ability, or vocabulary to estimate intelligence: labeling people according to IQ creates misunderstanding.

•MISREPRESENTATION:

If IQ is misrepresented, miscalculated, or misinterpreted, the result can be:
1) an emotional punch which can be negative;
2) poor decisions which can defeat a student's purpose.

•MISAPPLICATION:

Tests are culture-biased in varying degrees and the biases are often associated with other sources of difference such as race, level of education, and socioeconomic status.

# The Drug Dilemma

A woman was near death from a special disease. There was one drug that the doctors thought might save her. The drug was a new one which a druggist in that town had recently discovered. The drug was expensive to make, and the druggist was charging ten times the cost to people buying the drug. A small dose cost $2000! The sick woman's husband went to everyone he knew trying to borrow enough money to buy the drug, but he had only $1000. He told the druggist that his wife was dying, and he asked if he could buy the drug for the $1000 and he offered to pay the rest later. The druggist said "No, I discovered the drug and I'm going to make money from it." So, the man got desperate and broke into the drug store to steal the drug for his wife. Once in the store, however, the man had second thoughts:

Should the man have broken into the store? Was it right or wrong? Why?

# Special Problems Growing Up

- EATING DISORDERS--
  - OBESITY
    - 20% above average weight for body size (height and type)
    - Poor body image by self and/or others
    - Some social discrimination
  - ANOREXIA NERVOSA
    - Drastic measures to lose weight
    - Peculiar patterns of handling food
    - Loss of 25-50% of original body weight
    - Great fear of gaining weight
    - Inaccurate body image
    - Other medical/psychological problems (e.g., amenorrhea, previous obesity)
  - BULIMIA
    - Recurrent episodes of binge eating (rapid consumption of large amount of food in a short, less than 2 hours, period)
    - Choice of high calorie, easily eaten food
    - Secrecy; depression, self-destructive thoughts
    - Termination of binge by stomach pain, sleep, or self-induced vomiting
    - Repeated attempts to lose weight by severe diets, vomiting, or laxatives
    - Frequent weight fluctuations by over 10 lbs. due to alternating binges and fasts
    - Awareness of abnormal pattern and fear of not being able to stop eating voluntarily

# Glossary

**accommodation**
Changing an existing concept in order to make sense of new information; changing a behavior to incorporate a new one. (These concepts and behaviors are called schemes.)

**adaptive**
Characteristics which help people adapt more easily to the environment, thus increasing chances for survival.

**adolescent egocentrism**
A preoccupation with one's own thoughts; it leads to the construction of an imaginary audience and a personal fable.

**afterbirth**
The expelling of the placenta, umbilical cord, and other fetal membranes from the uterus after childbirth.

**agents of socialization**
People and institutions which transmit a society's culture (norms, values, and beliefs) to its members.

**age of accountability**
The age in many cultures and religions at which children are held accountable for their actions–usually around 7.

**aminiocentesis**
A test of the amniotic fluid which determines genetic problems in an unborn fetus. (Usually done at 16 weeks)

**amniotic sac**
The sac in the uterus which contains the fetus and the fluid in which it floats.

**anecdotal record**
Observing and recording a single event which has taken place.

**anesthetic**
A chemical which causes a person to be unconscious or unable to feel pain.

**anorexia**
Self-starvation.

**anoxia**
A harmful lack of oxygen.

**Apgar score**
A rating of infant heart rate, breathing, muscle tone, reflex response, and color which is taken exactly 1 minute and 5 minutes after birth. It indicates when the neonate needs special medical attention.

**apnea**
A condition where breathing stops for short periods of time.

**appropriate stimulation**
Stimulation which is responsive to the needs of the child; it may mean providing or inhibiting stimulation.

**assimilation**
Adding new concepts or behaviors to the schemes (thoughts and behaviors) which already exist in the child.

**autonomy**
Independence; the ability to act as a separate person.

**babbling**
Repetition of vowels and consonants for the pleasure of making sounds.

**Babinski reflex**
An involuntary spreading and fanning of the toes in response to stimulation to the sole of the foot. It is often used to check for neurological problems.

**behavior modification**
Changing behavior by planning reinforcements. (Using operant conditioning.)

**biological agents**
Biological environmental factors, such as viruses, which can affect the newborn.

**birth canal**
The vagina; the passageway from the uterus to the external genital opening in females.

**birth defect**
A physical abnormality present at birth which may be due to genetic or environmental influences.

**blastocyst**
The term used for the cluster of cells which develop after conception but before implantation in the uterus.

**bonding**
An emotional tie which a parent feels for an infant.

**bulimia**
Severe binge-eating; often followed by a purge from vomiting or laxatives.

**Caesarean section**
A method of childbirth where the baby is removed from the uterus by surgery through the mother's abdomen.

**caregiver**
A person who gives care to a child. It may be a parent, sibling, grandparent, teacher, or other professional child caregiver. A primary caregiver is one who has the main responsibility for the child's care–usually the parents or guardian. A secondary caregiver is authorized by the primary caregiver to care for the child temporarily.

**carrier**
A person who carries a recessive gene for a given trait.

**centration**
The inability to consider more than one aspect of a situation at a time. When an object has more than one characteristic, (a long yellow pencil), the child's attention centers only on the most obvious feature, such as color.

**cephalocaudal development**
Head-to-toe development. The principle that development proceeds from head to toe.

**cerebellum**
The part of the brain toward the back of the skull which controls motor activity and sensorimotor coordination.

**cerebral cortex**
The last part of the brain to develop; a part of the forebrain; the outside cover of the brain where information is processed, associations are made, and learning takes place.

**cerebrum**
The two cerebral hemispheres which make up most of the brain and which are covered by the cerebral cortex.

**cervix**
The narrow, lower end of the uterus; the opening from the uterus to the vagina which dilates during labor to allow the baby to pass through.

**chemical agents**
Chemical environmental factors, such as drugs, that can affect the newborn.

**chromosome**
Threadlike particles in cells which carry genes.

**circular reactions**
Accidental or reflex actions made by infants which they notice and then do again.

**classical conditioning**
The process of associating a neutral stimulus (like a bell) with a meaningful stimulus (like food.) After this, the person responds in the same way to either stimulus.

**classification**
Understanding the relationship between objects. Putting objects (or ideas) into sets, or groups. (Separating apples and oranges into two groups.)

**class inclusion**
The ability to understand the relationship between a whole and its parts. (A dog is both a dog and an animal, and there are more animals than just dogs.)

**cognitive style**
Dispositions to perform mental activities in a particular way.

**colic**
Severe, recurring abdominal pain in young infants.

**communicable diseases**
Illnesses which can be passed from one person to the next.

**comparative research**
Research comparing human behaviors to animal behaviors.

**conception**
Fertilization of the ovum by the sperm.

**concrete operations period**
Piaget's stage (6 to 11 or 12 years) where children's logic is based on actual experiences of themselves or others. They can use symbols well enough to perform mental operations.

**conditioned response**
The response produced by classical conditioning. (Gagging at the smell of tuna when tuna is associated with spoiled food.)

**conditioned stimulus**
Any stimulus which is associated with an unconditioned, or naturally occurring, stimulus so that the same response is given to either stimulus.

**congenital defects**
Defects in physical functioning which are present at birth. They may be caused by genetic problems or by environmental assaults on the developing fetus.

**conservation**
Understanding that even though one property of an object changes, the other properties stay the same.

**contraction**
The shortening of the uterine muscle during labor which forces the fetus out of the uterus.

**conventional moral thought**
Kohlberg's second level; acts are judged on the basis of whether or not they meet the society's moral criteria.

**coo**
Very simple vowel sounds produced by the infant.

**cooperative play**
The stage of play where children take each other into account and begin to play with each other.

**cortical control**
Control exercised by the cerebral cortex over impulses.

**crawling**
Pulling and pushing the body across the floor with hands and feet, while keeping the trunk on the floor.

**creeping**
Moving the body with hands and feet, while keeping the trunk clear of the floor.

**cross-cultural studies**
Studies comparing human behaviors found in different cultures.

**crying**
A state involving a great deal of body movement, increased breathing patterns, flushed skin, and closed eyes when mouth is open.

**data**
Objective information.

**decenter**
The ability of children to consider more than one aspect of a situation at a time. (Older children can focus on both length and color when considering a long yellow pencil.)

**deep sleep**
A period of infant's sleep where little activity occurs.

**defense mechanism**
Unconscious mental processes used to cope with anxiety and stress.

**delayed imitation**
Imitation of things which the infant can no longer sense (see, hear, smell, touch, or taste).

**delivery**
The act of giving birth.

**dendrites**
Extensions from neurons that reach toward other nerves, making connections between them possible.

**development**
Systematic, or orderly, change over time.

**developmental check lists**
Observing and recording behaviors by checking off of a list of the behaviors as they occur.

**dexterity**
Skill and ease of movement, especially in the hands.

**differentiated cries**
Crying in different ways for different things (hunger, pain, etc.).

**differentiation**
The process of parts or skills separating and developing independently.

**dilation**
The expanding, or opening, of the cervix during labor.

**distance sensors**
Body parts that sense objects in the distance (eyes, ears, nose, and related body parts).

**dominant inheritance**
Inheriting a trait through a dominant gene.

**doze**
A state of infant's sleep with much limb and eye movement along with stretching; usually precedes waking.

**dramatic play**
Vivid, moving, fanciful play by children for amusement, recreation, or to recreate or mimick a real life or imaginary situation.

**dynamic interaction world view**
The belief that the environment and the person influence and are influenced by each other.

**dyslexia**
An inability to perceive written symbols correctly.

**echolalia**
Imitation of words without intending to use them to convey meaning.

**ego**
According to psychoanalytic theory, the rational part of the mind which acts as a referee between the id (what self wants) and the superego (the conscience).

**egocentrism**
The tendency to view everything from one's own perspective. (Related to centration in that the child cannot consider two perspectives simultaneously.) An inability to consider the views of others.

**embryo**
The term used for a human organism from the second week to the eighth week after conception.

**epigenetic principle**
New growth is founded on previous growth, but the new growth is something unique. These qualitative changes are the basis for thinking in terms of developmental stages.

**ethological theory**
A biological theory based on studying animals and humans in their natural environments. Ethological theory focuses on built-in, or innate, responses.

**ethology**
The study of organisms (including humans) in their natural environments.

**event sampling**
Recording observations of specific behaviors during a given time period.

**expressive language functions**
Production of speech that others are able to understand.

**extended family**
Relatives who have been defined as "family," but who are not part of the immediate family of parents and children.

**extinction**
The process of eliminating a conditioned response.

**fallopian tube**
The tube connecting the ovary to the uterus, through which the egg travels and where conception usually takes place.

**fetal monitor**
An instrument placed on the mother's abdomen or inserted through the vagina and attached to the infant's scalp in order to monitor the baby's vital signs during labor.

**fetus**
The term used for the unborn infant from the end of the eighth week until birth.

**fine motor skills**
Motor skills involving small muscles, like those in the hands and fingers.

**5-to-7 shift**
A brief period of rapid brain development that occurs sometimes between five and seven years of age.

**forceps**
An instrument which looks like tongs. Doctors may place forceps on the infant's head during delivery to change the baby's position or help it through the birth canal.

**forebrain**
The part of the brain that controls internal organs, body temperature, hormones, emotions, and learning.

**formal operations period**
Piaget's stage where adolescents can make systematic hypotheses, or predictions, about all possible solutions to a problem and then systematically test them out. They can think about possibilities rather than just facts. These abilities enable the child to think abstractly.

**formulas**
Milk-based nutrients which are fed to infants who are not breast fed.

**free play**
Children's play which is not directed or planned by adults. It is supervised, and environments may be prepared by adults in order to provide choices for the children.

**functionally illiterate**
The state of being unable to read and write well enough to function fully in society.

**functions**
The understanding that there is a basic relationship between two events (e.g., the sun and daytime), even though the nature of that relationship is not known. (Does daytime cause the sun to come up?)

**game stage**
G.H. Mead's stage where children are able to keep in mind all the perspectives in a group of people at the same time.

**generalized other**
Whole groups of people (family, peer groups, society) with whom a child can identify and take the group's perspective.

**genes**
Particles carried on the chromosome which transmit information to the cells about how to develop. These determine the biological traits and direct the growth and functioning of the body.

**genetic**
Hereditary, or passed from parent to child through genes.

**genetic code**
The particular arrangement of genes in any human.

**genetic counseling**
Counseling which gives information to parents regarding their chances of having a child with genetic problems.

**glial cells**
Cells in the brain that surround neurons and nourish them.

**grasp reflex**
When an object is laid in the newborn's palm, the fingers will automatically close around it, in a vice-like grip.

**gross motor skills**
Motor skills involving large muscles, like leg and arm muscles.

**gynocological examination**
A medical exam of the female reproductive system.

**heredity**
The passing down, through genes, of biological traits from parents.

**hindbrain**
The part of the brain deep in the center of the skull, at the top of the spinal cord, which controls reflexes and critical body functions.

**hypothetico-deductive thought**
The ability to think of all possible solutions and then test them systemtically to see which is correct.

**id**
In psychoanalytic theory, the irrational part of the mind which includes all drives and instincts; the raw energy of the nervous system.

**identification**
Taking the characteristics of someone or something else.

**identities**
The understanding that something is the same, even when its appearance changes. (Boys are still boys, even when they play dress up in mother's clothes.)

**imaginary audience**
A construction of early adolescents who believe that the world is watching their every move.

**imitation stage**
Mead's stage (around 2-3 years) where toddlers imitate, or copy actions and language of others with no real understanding of the meaning behind the actions.

**immunity**
Protection against disease.

**immunizations**
Long-term protection from certain diseases through innoculations (shots) or oral medicines.

**implantation**
The attachment of the Blastocyst into the uterine lining. This signals the beginning of the embryonic stage.

**impulsive thinkers**
People who respond to problems very quickly, but who are often wrong.

**information processing theory**
A cognitive developmental theory which stresses how children process information (memory strategies, etc.).

**inherited**
Passed down from preceding generations of ancestors.

**inhibit**
To stop or minimize an action.

**innate**
Biologically built in.

**integration**
The process of differentiated, or separate, parts coming together to form a unique whole. The parts work independently but together to reach a goal.

**internalize**
Taking something (beliefs, values, etc.) as one's own.

**intelligence quotient (IQ)**
The ratio of mental age to chronological age; a score predicting how intelligent a child is, based on a standardized test.

**irregular sleep**
A period of infant's sleep with some body movement and irregular breathing.

**irreversibility**
The inability to understand how operations done to change something can be undone to change them back. (John can see the clay ball being rolled into a snake, but he cannot imagine the snake being rolled back into a ball unless he sees it happen.)

**labor**
The period during childbirth where the uterine muscles are contracting and the cervix is dilating.

**language**
The use of symbolic speech to represent ideas.

**lanugo**
The fine, soft white hair covering a fetus.

**law of effect**
This law states that a person will repeat actions that bring pleasant consequences and not repeat actions that are followed by unpleasant things.

**libido**
Psychoanalytic theory's terms for energy in the nervous system. It moves to different parts of the nervous system as development proceeds.

**locomotion**
The ability to move from place to place independently.

**malnutrition**
Lack of proper nourishment.

**maturation**
The process of reaching full functioning through a combination of physical growth and experiences.

**maturational readiness**
The principle that a child must be sufficiently mature before learning can take place. (Children cannot learn to sit until their muscles and nerves are mature enough.)

**mechanistic world view**
The belief that the environment causes people to behave as they do. People are viewed as passive receivers of change.

**menstruation**
The monthly process of the uterine lining being shed when no fertilized egg is implanted in it. This occurs monthly in the form of a bloody discharge through the vagina.

**midbrain**
The part of the brain above the hindbrain, which acts as a bridge between the brain and the rest of the body.

**midwife**
A trained and licensed woman who assists women in childbirth.

**model**
Anyone who shows a behavior others observe. To model means to show a behavior which will be imitated by others.

**moro reflex**
An involuntary response where the infant arches its back, sweeps arms in a hug, and draws up its legs as if to protect itself from a fall. This later develops into the startle reflex.

**mutation**
A change in genes which can be passed to one's offspring.

**myelin**
A fatty coating of the neurons which help the electrical impulses to flow quickly and smoothly.

**myopia**
Nearsightedness; can see close up but not far away.

**nature/ nurture issue**
A developmental issue concerned with how change is best explained – by nature (the person, heredity, internal influences) or by nurture (the environment, experiences, external influences).

**negative reinforcement**
Removal of an unpleasant stimulus.

**negativism**
The tendency for toddlers to say "no" to everything.

**neonate**
A newborn child from birth through the first few weeks.

**neuron**
Nerve cell.

**neurotransmitter**
A chemical found at the end of a neuron which transmits or stops electrical impulses between nerves.

**normative ( norms)**
Average; the usual or normal. (Averages are in the middle of a range of normality.)

**normative/ maturational theory**
Arnold Gesell's biological theory based on the idea that physical maturation causes most development.

**obese**
Extremely overweight; at least 20 percent overweight.

**objective observation**
Recording actual behaviors which were seen or heard, without interpreting what the behaviors mean.

**object permanence**
An understanding that an object exists even though it is not directly sensed by the child.

**operant conditioning**
A learning process based on the consequences of behavior.

**organic sensors**
Internal body parts which sense changes in vital life signs.

**organismic world view**
The belief that people actively initiate change and their experiences with the environment.

**organization**
Piaget's term for the order of behavior and thought patterns. (Thought and behavior are organized, or ordered, into schema.)

**orthogenetic principle**
Development starts with a general, global quality. Specific parts and skills begin to differentiate, or separate. Then these integrate, or come together, to form a unique whole.

**ova**
Female reproductive cells. An ovum is one egg cell.

**ovaries**
The organs which carry the female's egg cells (ova) and release one of these cells (an ovum) each month along with certain hormones.

**overgeneralize**
The tendency to overextend language rules when they are first grasped; exceptions to the rules of grammar have not been learned.

**ovulation**
The monthly release of an ovum from one of the ovaries.

**parallel play**
When children are able to play beside each other, but not really with each other.

**peers**
A child's friends and acquaintances in the same group.

**personal fable**
A feeling of early adolescents that surely no one has ever felt the same feelings or thought the same thoughts before; a feeling of indestructibility; terminal uniqueness.

**physical agents**
Physical environmental factors, such as radiation, which can affect the newborn.

**physiological jaundice**
A condition caused by an neonate's immature liver which causes the skin and eyeballs to turn yellow. It is easily treated medically.

**pincer skills**
Skills involving a grasp between thumb and forefinger.

**placenta**
The organ lining the uterus during pregnancy to which the fetus is attached by the umbilical cord. It acts as a filter for the mother's blood and provides nourishment during pregnancy.

**play stage**
Mead's stage (about ages 3 to 6 years) where the child can take the role of another person. The child pretends to have another person's thoughts as well as behavior.

**positive reinforcement**
A consequence that is pleasant.

**post-formal operations**
The ability to systematically propose problems as well as solutions.

**precocious**
Advanced for one's age; usually in a specific area.

**preconventional moral thought**
Kohlberg's first level of moral development; an act is judged as right or wrong on the basis of whether or not someone is punished for it; intentions are not considered.

**prenatal**
Before birth.

**preoperational period**
Piaget's stage (ages 2 to 6 or 7) where symbolic thought is used and thought is pre-logical.

**preoperational thought**
A stage in which children can experiment with thoughts as well as objects. Mental operations are not yet possible.

**prepared childbirth**
Methods using physical and emotional preparation for labor and delivery to ease the discomfort of childbirth.

**primary caregivers**
The persons who are primarily responsible for a child's care and nurturance; usually parents.

**primary sexual characteristics**
Genital and reproductive organs which are present at birth.

**principled moral thought**
Kohlberg's third level of moral development; social rules are seen as subjective–there are higher order principles behind them. Rules are not absolute, they are relative.

**processes**
A systematic series of actions directed to some end; a series of changes.

**projection**
A defense mechanism of attributing one's own unacceptable feelings and behavior to someone else.

**proprioception sensors**
Body parts which sense balance, body position, and movement. (Muscles, tendons, and joints are involved.)

**prosocial behavior**
Actions that show positive regard for other people.

**proximodistal development**
Near-to-far development. The principle that development proceeds from the center of the body outward.

**psychoanalytic theory**
Theories based on Freud's ideas of psychosexual development.

**psychosocial crisis**
A basic conflict about one's social identity which must be resolved by the ego in order to move to the next stage of development. Erikson has charted eight crises throughout the life of human beings.

**puberty**
The time of sexual maturation, when the body is able to reproduce.

**punishment**
An unpleasant consequence of an event or behavior.

**qualitative development**
The development of new skills and parts which cannot be explained in terms of the old ones. These kinds of changes cannot be measured in the same way over time. (IQ is measured differently in infants and schoolchildren, so it may be measuring totally different things—like motor skills vs. school success.) Change occurs in stages.

**quantitative development**
Changes that can be measured the same way, regardless of age or situation. (Height and weight can always be measured in inches and pounds.) Development is seen as a continuous, steady adding of *more* of the same things.

**quiet alert**
An infant's state which involves little motor activity, but the eyes are open and focusing.

**reaction formation**
A defense mechanism that changes unacceptable emotions in opposite emotions.

**receptive language functions**
Comprehension of language; understanding what others mean when they speak.

**recessive inheritance**
Expression of genetic traits due to the pairing of two recessive genes.

**reciprocal**
Mutual give and take. Reciprocal interaction means that all factors of a situation affect and are affected by each other.

**reciprocal interactions**
The give-and-take actions between people. The actions of each person cause and are caused by the actions of other persons.

**reflective thinkers**
People who respond to problems slowly, but who are usually right.

**reflexes**
Involuntary actions, or responses, to specific stimuli.

**regression**
A process of behavior reverting to an earlier level when anxiety becomes too great. This can also be a defense mechanism.

**reinforcement**
A pleasant or unpleasant consequence of a behavior.

**reliable**
Trustworthy, or staying the same. Reliable observations are those which would be recorded the same no matter who is observing.

**representational thought**
Ability to use symbols to represent people, places, things, events, concepts, etc. (Also called symbolic thought.)

**repression**
A defense mechanism of forgetting thoughts or memories that cause too much anxiety.

**respiratory**
Related to breathing.

**reversibility**
The ability to mentally undo something which has been done. (When a ball of clay is mashed flat, the child can mentally change the shape back into a ball.)

**rooting**
A reflex caused by a touch on the neonate's cheek. The movements seem to reflect a searching for something to touch the lips.

**running record**
Observing and recording all behaviors as they happen during a given period of time.

**schemes**
Organized patterns of behavior or thought.

**secondary caregivers**
Persons who primary caregivers have asked to be temporarily responsible for their child's care.

**secondary sexual characteristics**
Physical developments which occur during puberty.

**self-concept**
The system of all the beliefs held about one's self.

**self-esteem**
The feelings one has toward one's self; usually based on the concept of self.

**self-fulfilling prophesy**
The tendency to act the way we think others expect us to act; this also involves our beliefs, or what we think they expect.

**self-help skills**
Skills involving the care of one's own needs, such as feeding, dressing, combing hair, etc.

**sensitive periods**
Times when the child's development is more sensitive to outside influences. (Usually in times of rapid change.)

**sensorimotor intelligence**
The coordination of infant motor and sensory systems.

**sensorimotor period**
Piaget's stage (birth to 2 years) when thought develops from sensory experiences and motor activity.

**separation anxiety**
The fear of being abandoned by parents. This fear starts about the middle of the first year.

**sequence**
The order in which change takes place.

**seriation**
The ability to arrange objects in a serial order.

**significant others**
People who are very important to children, usually parents and others who care for them.

**social learning**
The theory that learning occurs through imitation of, and identification with, other people.

**social norms**
Standards of behavior; behavior patterns expected by other members of a society.

**social roles**
Behaviors expected from people in social positions; usually implies a reciprocal role relationship (e.g., child-parent, teacher-student, boss-employee, etc.)

**solitary play**
The play of infants alone or with adults without regard for peers.

**sonogram**
A procedure using ultrasonic sound waves to produce a visual picture of an unborn fetus. An ultrasound exam.

**sperm**
The male reproductive cell.

**spontaneous abortion**
The loss of an embryo or fetus by miscarriage. In a therapeutic abortion, a doctor induces the mother's body to abort the embryo or fetus.

**stage theory of cognitive development**
Piaget's theory about the stages children go through as they come to understand their worlds and adapt to their environments.

**standard childbirth**
Methods using medication or anesthetics to ease the pain of labor and delivery.

**startle reflex**
An involuntary reaction to a sudden change in position or environmental stimuli; a refined form of the moro reflex.

**state**
An immediate physical condition which determines how a person will function at that particular time. The newborn has several distinct sleeping and waking states.

**stimulus**
A stimulation; something that causes a person to react.

**stranger anxiety**
Fear of strangers during infancy.

**subjective observation**
Recording an interpretation of behavior, rather than the actual behavior. This is based on what an observer thinks the behavior meant.

**sucking reflex**
A reflex caused by a touch on the neonate's lips. The lips involuntarily start a sucking motion.

**superego**
According to psychoanalytic theory, the part of the mind which includes all the things we have learned from society to be right and wrong; the conscience.

**surface sensors**
Body parts which sense physical contact (skin and tongue, along with other body parts involved in touch and taste).

**symbolic communication**
Mead's term to explain the sharing and exchange of meanings through symbols (such as words or gestures).

**symbolic interaction**
Mead's term for the kinds of interactions where people are sharing meanings. (When people use language, they are sharing symbols in order to interact with each other.) Through symbolic interaction, children come to understand themselves, others, and society.

**symbolic play**
Play which involves symbolic represenation—pretending one object is something else or that one person is another person.

**symbolic thought**
Thought based on using a mental image to stand for something else, such as using a person's name as a symbol for that person. (Also called representational thought.)

**tactile stimulation**
Physical touching.

**telegraphic speech**
Using a shortened sentence form to convey the same meaning as a longer form; one word and multiword sentences are types of telegraphic speech.

**theory**
A way of organizing and looking at all the information about something so that the information makes sense. A theory is a way to interpret objective observations.

**time sampling**
Observing and recording the occurrence of behaviors at specific time intervals.

**tonic neck reflex**
The infant automatically turns its head in the opposite direction from which it has extended its arm and leg.

**transductive reasoning**
Thinking that one thing causes another just because they seem to be related. (A child may think, "If I don't take my nap, afternoon won't come.") Also, taking two unrelated facts and thinking they are related. (A child may think that the sun sets because the birds sing.)

**transition**
The last part of labor when the infant's head passes through the cervix and into the birth canal.

**translocation**
The process where genes move to different locations on the chromosome.

**trimester**
A consecutive three-month period of a pregnancy.

**trust**
An infant's confidence that the reactions of caregivers will usually be consistent, and therefore, predictable. This is also necessary when interacting with objects.

**umbilical cord**
The cord connecting the placenta with the fetus. The cord contains arteries and a vein that nourish the fetus and removes its wastes.

**unconditioned response**
A naturally occurring or reflex behavior.

**unconditioned stimulus**
A naturally occurring stimulus that carries natural meaning.

**undifferentiated cries**
Crying that carries no particular information for caregivers (the same tone and pitch is used for hunger, pain, etc.).

**unlearned reactions**
Built-in, innate, responses.

**uterus**
The female muscular organ which holds the developing fetus during pregnancy; the womb.

**valid**
Correct, true, or at least supported by evidence. (A valid interpretation is a correct one. A valid test is one which really measures what it is supposed to measure.)

**venereal disease**
Sexually transmitted diseases.

**vernix**
A thick, greasy white material covering the fetus's skin.

**waking activity**
A infant's state which involves much physical activity, open eyes, and irregular breathing.

**world view**
A general idea of what humankind is like. This view will determine how one interprets behavior that is observed.

**zygote**
The organism formed by the union of an ovum and a sperm.

# Answer Keys

| UNIT I TEST | UNIT II TEST | UNIT III TEST |
|---|---|---|
| 1. C | 1. B | 1. A |
| 2. B | 2. A | 2. D |
| 3. D | 3. C | 3. A |
| 4. D | 4. B | 4. A |
| 5. A | 5. C | 5. C |
| 6. C | 6. A | 6. A |
| 7. B | 7. C | 7. D |
| 8. A | 8. D | 8. C |
| 9. B | 9. A | 9. D |
| 10. D | 10. C | 10. A |
| 11. A | 11. B | 11. A |
| 12. B | 12. D | 12. A |
| 13. D | 13. B | 13. C |
| 14. A | 14. C | 14. D |
| 15. C | 15. A | 15. C |
| 16. C | 16. C | 16. B |
| 17. A | 17. D | 17. C |
| 18. A | 18. D | 18. A |
| 19. D | | |
| 20. D | | |

**UNIT IV TEST**

1. C
2. D
3. B
4. C
5. A
6. B
7. D
8. C
9. D
10. A
11. B
12. A
13. C
14. A
15. A
16. D
17. C
18. B
19. D
20. A

**UNIT V TEST**

1. C
2. A
3. C
4. B
5. A
6. C
7. B
8. B
9. A
10. C
11. B
12. A
13. C
14. B
15. B
16. A
17. C

**UNIT VI TEST**

1. C
2. A
3. B
4. A
5. D
6. A
7. C
8. D
9. A
10. B
11. A
12. D
13. C
14. B
15. A
16. D
17. C
18. B

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Field, T. M. (ed.). *High-risk Infants and Children: Adult and Peer Interaction*. New York, NY: Academic Press, 1980. ($38.00)

Fischer, Kurt and Lazerson, Arlyne. *Human Development: From Conception Through Adolescence*. Salt Lake City, UT: W. H. Freeman and Co., 1984. ($24.95)

Fishbein, Harold. *The Psychology Of Infancy and Childhood: Evolutionary and Cross Culture Perspectives*. Hillsdale, NJ: Lawrence Erlbaum Associates, 1984.

Flake-Hobson, Carol, Robinson, Bryan E., and Skeen, Patsy L. *Child Development and Relationships*. Reading, MA: Addison-Wesley Publishing Co., 1983. ($25.95)

Flavell, John H. *Cognitive Development, 2nd ed.* Englewood Cliffs, NJ: Prentice-Hall, 1985. ($24.95 hb; $16.95 pb)

Fong, Bernadine C. and Resnick, Miriam R. *The Child: Development Through Adolescence*. Menlo Park, CA: The Benjamin/ Cummings Publishing Co., 1980. ($23.95; RL: 11th)

Fraiberg, Selma. *The Magic Years: Understanding and Handling the Problems of Early Childhood*. Riverside, NJ: Charles Scribner's and Sons, 1984. ($6.95)

Freud, Sigmund. *A General Introduction To Psychoanalysis*. New York, NY: Washington Square Press, 1977. ($4.95 pb)

Freud, Sigmund. *New Introductory Lectures On Psychoanalysis* New York, NY: W. W. Norton, 1965. ($13.95 hb; $3.95 pb)

Frost, Joe L. *Understanding and Nurturing Infant Development*. Weaton, MD: Association for Childhood Education International, 1976. ($2.75 pb)

Furth, Hans. *The World Of Grown-ups: Children's Conceptions Of Society*. New York, NY: Elsevier North Holland, Inc., 1980. ($25.00)

Gardner, Howard. *Developmental Psychology: An Introduction, 2nd ed.* Waltham, MA: Little, Brown, and Co., 1982. ($24.95)

Gilley, Jeanne M. and Gilley, B. G. *Early Childhood: Development and Education*. Albany, NY: Delmar Publishing Co., 1980. ($14.80 pb)

Gilligan, Carole. *In A Different Voice: Psychological Theory and Women's Development*. Cambridge, MA: Harvard University Press, 1982. ($15.00)

Goldberg, Susan and De Vitto, Barbara. *Born Too Soon: Preterm Birth and Early Development*. Salt Lake City, UT: W.H. Freeman and Co., 1983. ($17.95 hb; $7.95 pb)

Gruber, Howard and Voneche, Jacques. *The Essential Piaget: An Interpretive Reference and Guide*. Chicago, IL: University of Chicago Press, 1982. ($18.50 pb)

Guttmacher, Alan F. *Pregnancy Birth, and Family Planning*. Bergenfield, NJ: New American Library, 1973. ($3.95)

Helms, Donald B. and Turner, Jeffrey S. *Exploring Child Behavior, 2nd ed.* New York, NY: Holt, Rinehart and Winston, 1981. ($29.95)

Henderson, Ronald. *Parent-child Interaction: Theory, Research, and Prospects*. San Diego, CA: Academic Press, 1981. ($39.50)

Hewitt, John P. *Self and Society: A Symbolic Interactionist Social Psychology, 3rd ed.* Boston: Allyn and Bacon, 1984.

Highberger, Ruth and Schramm, Carol. *Child Development For Day Care Workers*. Boston, MA: Houghton Mifflin, 1976. ($21.95)

Hildebrand, Verna. *Parenting and Teaching Young Children*. Hightstown, NJ: McGraw-Hill, 1980. ($19.96; GL: 10-12)

Hurlock, E.B. *Child Development, 6th ed.* Hightstown, NJ: McGraw-Hill, 1977. ($27.00)

Ilg, Frances L., Ames, Louise B., and Baker, Sidney M. *Child Behavior*. New York, NY: Harper and Row, 1981. ($14.95 hb)

Irwine, D. Michelle and Bushnell, Margaret. *Observational Strategies For Child Study*. New York, NY: Holt, Reinhart, and Winston, 1980. ($19.95)

Kaluger, George and Kaluger, Meriem. *Human Development: The Span Of Life, 3rd ed.* Los Angeles, CA: Times Mirror/ Mosby, 1984. ($18.95)

Kaye, Kenneth. *The Mental and Social Life Of Babies: How Parents Create Persons.* Chicago, IL: University of Chicago Press, 1982. ($22.50 library binding; $9.95 pb)

Kersey, Katharine. *Sensitive Parenting: From Infancy To Adulthood.* Washington D.C.: Acropolis Books Ltd., 1983. ($14.95 hb; $8.95 pb)

Kessen, William. *The Child.* New York, NY: John Wiley and Sons, Inc., 1965. ($16.95 pb)

Kopp, Claire B. and Krakow, Joanne B. *The Child: Development In The Social Context.* Reading, MA: Addison-Wesley Publishing Co., 1982. ($26.95)

Lamb, Michael and Campos, Joseph. *Infancy* Westminister, MD: Random House, 1982. ($10.00)

Lamb, Michael. *The Role Of The Father In Child Development, 2nd ed.* New York, NY: John Wiley and Sons, 1981. ($38.95)

Leach, Penelope. *Your Baby and Child from Birth to Age Five.* Westminister, MD: Alfred A. Knopf, 1980. ($12.95)

Lefrancois, Guy R. *Of Children: An Introduction To Child Development, 4th Ed.* Belmont, CA: Wadsworth Publishing Co., 1979. ($24.95)

Lerner, Richard. *Concepts and Theories of Human Development.* Reading, MA: Addison-Wesley, 1976. ($24.95)

Maccoby, Eleanor E. *Social Development: Psychological Growth and the Parent-Child Relationship.* San Diego, CA: Harcourt Brace Jovanovich, 1980 ($14.95)

Mahan, L. Kathleen and Rees, Jane Mitchell. *Nutrition in Adolescence.* Los Angeles, CA: Times Mirror/Mosby College Publications, 1984. ($11.95 pb)

Maier, Henry W. *Three Theories of Child Development, 3rd ed.* New York, NY: Harper and Row, 1978. ($17.50 hb)

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Neal, Arthur B. *Social Psychology: A Sociological Perspective.* Reading, MA: Addison-Wesley, 1983. ($24.95)

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Nilsson, Lennart, Furuhjelm, Mirjam, Ingelman-Sundberg, Axel, Wiesen, Claes, and Forsblad, Bernt. *A Child is Born.* New York, NY: Dell Publishing Co. Inc., 1977. ($16.95)

Norris, Gloria and Miller, JoAnn. *The Working Mother's Complete Handbook.* New York, NY: E.P. Dutton, 1984. ($9.95)

Papalia, Diane and Olds, Sally. *A Child's World: Infancy Through Adolescence, 3rd ed.* Hightstown, NJ: McGraw-Hill, Inc., 1982. ($24.95)

Patterson, Gerald R. *Living with Children: New Methods for Parents and Teachers, Rev. ed.* Champaign, IL: Research Press, 1976. ($8.95 pb)

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Ryder, Verdene. *Parents and Their Children.* South Holland, IL: Goodheart-Willcox Co. Inc., 1984. ($16.00)

Salkind, Neil J. *Theories of Human Development, 2nd ed.* New York: John Wiley and Sons, 1985. ($18.95 pb)

Schickedanz, Judith, Schickedanz, David L., and Forsyth, Peggy D. *Toward Understanding Children.* Waltham, MA: Little, Brown and Co., 1982. ($24.95)

Segal, Marilyn. *From Birth to One Year.* Rolling Hills Estates, CA: B.L. Winch, 1977. ($5.95; GL: 9-12)

Segal, Marilyn and Adcock, Don. *From One to Two Years.* San Diego, CA: Oak Tree Publications, 1980. ($5.95)

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Vander Zanden, James W. *Human Development, 2nd ed.* Westminister, MD: Alfred A. Knopf, 1981. ($25.00, RL:11)

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Yussen, Steven and Santrock, John. *Child Development: An Introduction, 2nd ed.* Dubuque, IA: William C. Brown Publishers, 1982. (paperback text, instructor's manual, study guide available)

Zaichowsky, Leonard, Zaichkowsky, Linda, and Martinek, Thomas. *Growth and Development: The Child and Physical Activity.* St. Louis, MO: C. V. Mosby, Co., 1980. ($14.95)

Zick, Rubin. *Children's Friendships.* Cambridge, MA: Harvard University Press, 1980. ($8.95 hb; $3.95 pb)

**AUDIOVISUALS**

*And They Lived Happily Ever After: Understanding Teenage Marriage.* Order from: Guidance Associates. ($159.50 each)

*Babies and Special Considerations.* Order from: Lifecircle. ($140.00, $35.00 rental which applies to purchase)

*Birth.* Order from: Guidance Associates. ($79.50)

*The Child Series, Parts I-V.* Order from: The University of Texas at Austin Film Libraries. ($21.00 each)

*Child, Part 1: Jamie, Ethan and Marlon—The First Two Months.* Order from: The University of Illinois Film Library. ($16.50 rental)

*Child Development: The Preschool Years.* Order from: Guidance Associates. ($79.50 each)

*Child's Play.* Order from: McGraw-Hill. ($350.00; $39.00 rental 16mm film, $265.00 videocassette)

*Child's Play.* Order from: The University of Illinois Film Center. ($13.50)

*Cognitive Development.* Order from: McGraw-Hill. ($350.00; $39.00 rental)

*Development of the Child: Language.* Order from: The University of Illinois Film Center. ($14.50 rental)

*Expressing Emotions: "I See Smiles I See Frowns."* Order from: Parents Magazine Filmstrips. ($109.50 each)

*The First Eighteen Months-From Infant to Toddler.* Order from: Parents Magazine Filmstrisp. ($109.50 sale)

*From Generation to Generation: Genetic Counseling.* Order from: March of Dimes ($10.00; $15.00 slides)

*The Growth of Intelligence.* Order from: Parents' Magazine Filmstrips ($109.50)

*The Growth of Intelligence in the Preschool Years.* Order from: Davidson Films, Inc. ($35.00 rental, $410.00 16mm purchase; $380.00 videocassette purchase)

*Guiding Environmental Discovery.* Order from: Dr. R. Formanek of Hofstra University.

*Heredity and Environment.* Order from: McGraw-Hill. ($39.00 rental, $435.00 16mm purchase, $330.00 videocassette purchase)

*Human Development.* Order from: Concept Media, ($115.00 sale, instructor's manual $9.00)

*Human Development: The Adolescent Years, 12-16.* Order from: Concept Media. ($123.00 rental)

*Human Development: 6-12 Years.* Order from Concept Media. ($135.00 purchase)

*Human Development: First 2½ Years.* Order from: Concept Media. ($109.00 purchase)

*Human Development: 2½ to 6 Years.* Order from: Concept Media. ($115.00 rental, $880.00 purchase)

*Human Reproduction-What You Should Know.* Order from: Guidance Associates. ($159.00 each)

*The Importance of Emotional and Social Development: "I See Hope."* Order from: Parents Magazine Filmstrips. ($109.50 purchase)

*Individual Differences: Infancy to Early Childhood.* Order from McGraw-Hill. ($39.00 rental, $350.00 16mm purchase; $265.00 videocassette purchase)

*Individual Differences: Infancy to Early Childhood.* Order from: The University of Illinois Film Center. ($12.50 rental)

*Infancy.* Order from: McGraw-Hill. ($39.00 rental, $350.00 16mm purhcase; $265.00 videocassette purchase)

*Jean Piaget: Memory and Intelligence.* Order from: Davidson Films, Inc. ($40.00 rental; $475.00 16mm purchase; $425.00 videocassette purchase)

*The Labor and Delivery Series.* Order from: Lifecircle. ($20.00 rental applies to purchase; $110.00 purchase)

*Learning About Human Behavior.* Order from: The University of Illinois Film Center. ($8.50 each)

*Life Before Birth.* Order from: Time-Life Video. ($50.00 each)

*Newborn.* Order from: Modern Talking Picture Service. (Free loan)

*The One of Us.* Order from: March of Dimes. ($25.00 filmstrip with cassettes, $35.00 slides with cassettes)

*Personality: Adolescence.* Order from: McGraw-Hill. ($39.00 rental; $350.00 16mm purchase; $265.00 videocassette purchase)

*Personality: Early Childhood.* Order from: McGraw-Hill. ($39.00 rental; $350.00 16mm purchase; $265.00 videocassette purchase)

*Personality: Middle Childhood.* Order from: McGraw-Hill. ($39.00 rental; $350.00 16mm purchase; $265.00 videocassette purchase)

*Physical Development.* Order from: McGraw-Hill. ($39.00 rental; $350.00 16mm purchase; $265.00 videocassette purchase)

*Physical Development.* Order from: Parents Magazine Filmstrips. ($109.50 purchase)

*Piagetian Theory.* Order from NETCHE, Inc.

*Pregnant Teens: Taking Care.* Order from: Perennial Education.

*Sexually Transmitted Diseases: Causes, Prevention, and Cure.* Order from: Guidance Associates ($199.50 VHS or Beta purchase; $209.50 filmstrip purchase)

*The Skinner Revolution: A Closeup on a Great Thinker and His Influential Ways.* Order from: The Media Guild. ($40.00 rental; $400.00 video purchase)

*Teenage Nutrition: The Picture of Health.* Order from: Teaching Aids, Inc. ($65.00 purchase)

*Teenage Turn-On: Drinking and Driving.* Order from: McGraw-Hill. ($63.00 rental; $595.00 16mm purchase; $450.00 videocassette purchase)

*Thinking Like a Child.* Order from: Teaching Aids, Inc. ($29.00 each)

*Three Cognitive Skills: Middle Childhood.* Order from: McGraw-Hill. ($39.00 rental; $350.00 16mm purchase; $265.00 videocassette purchase)

*Urgent Messages.* Order from: Media Guild. ($35.00 rental; $440.00 video purchase)

*Wasting Away: Understanding Anorexia Nervosa and Bulimia.* Order from: Guidance Associates. ($159.50 VHS or Beta purchase; $179.50 UMatic purchase)

*When Life Begins.* Order from: McGraw-Hill. ($26.00 rental; $265.00 16mm purchase; $200.00 videocassette purchase)

*You're Eating for Two.* Order from: Perennial Education, Inc. ($38.00 rental; $288.00 video purchase; $320.00 16mm purchase)

# Publishers List

**BOOKS**

Academic Press
1250 Sixth Avenue, Suite 400
San Diego, CA 92101

Acropolis Books Ltd.
2400 17th Street Northwest
Washington, DC 20009

Addison-Wesley
Box 580
26 Prince Andrews Place
Don Millis, ON M3C2T8,
Canada

Allyn and Bacon
College Division
Link Drive
Rockleigh, NJ 07647

Association for Childhood Education International
11141 Georgia Avenue, Suite 200,
Wheaton, MD 20902

Bantam Books, Inc.
414 East Golf Road
Des Plains, IL 60016

Basic Books
10 East 53rd Street
New York, NY 10022

Beacon Press
to: Harper and Row Publications, Inc.
Keystone Industrial Park
Scranton, PA 18152

Charles A. Bennett
(Bennett Publishing Co.)
866 Third Avenue
New York, NY 10022

Brooks/Cole Publishing Company
Wadsworth, Inc. Customer Service Center
7625 Empire Drive
Florence, KY 41042

William C. Brown Publishers
2460 Kerper Boulevard
Dubuque, IA 52001

Delacorte Press
One Dag Hammarskjold Plaza
New York, NY 10017

Dell Publishing Company, Inc.
One Dag Hammarskjold
245 East 47th Street
New York, NY 10017

Delmar Publishers, Inc.
Two Computer Drive West
P.O. Box 15015
Albany, NY 12212

Dolphin Books
4985 Lexington Avenue
New York, NY 10017

Dorsey Press
Division of Richard D. Irwin, Inc.
1818 Ridge Road
Homewood, IL

E.P. Dutton
Two Park Avenue
New York, NY 10016

Elsevier North Holland, Inc.
1633 Broadway
New York, NY 10019

Lawrence Erlbaum Associates
365 Broadway
Hillsdale, NJ 07642

W.H. Freeman
4419 West 1980 South
Salt Lake City, UT 84104

Free Press
Macmillan Company
Front and Brown Streets
Riverside, NJ 08370

Goodheart-Wilcox Company, Inc.
123 West Taff Drive
South Holland, IL 60473

Halsted Press
Division of John Wiley and Sons, Inc.
605 3rd Avenue
New York, NY 10158

Harper and Row
10 East 53rd Street
New York, NY 10022

Harvard University Press
79 Garden Street
Cambridge, MA 02138

Holt, Rinehart and Winston
383 Madison Avenue
New York, NY 10017

Harcourt Brace Jovanovich
1250 Sixth Avenue
San Diego, CA 92101

Alfred A. Knopf
400 Hahn Road
Westminister, MD 21157

J.B. Lippincott
2350 Virginia Avenue
Hagerstown, MD 21740

Little, Brown, and Company
200 West Street
Waltham, MA 02154

Macmillan
Front and Brown Streets
Riverside, NJ 08370

Mayfield Publishing Company
285 Hamilton Avenue
Palo Alto, CA 94301

McGraw-Hill
Manchester Road
Manchester, MO 63011

Medical Economics
680 Kinderkamack Road
Oradell, NJ 07649

Charles Merrill
Division of Bell and Howell Company
1300 Alumn Creek Drive
Columbus, OH 43216

Houghton Miffin
One Beacon Street
Boston, MA 02108

C.V. Mosby
11830 Westline Industrial Drive
St. Louis, MO 63146

National Association for the Education of Young Children
1834 Connecticut Avenue N.W.
Washington, DC 20009

New American Library
1633 Broadway
New York, NY 10019

W.W. Norton
500 Fifth Avenue
New York, NY 10110

Oak Tree Publications
9601 Aero Drive
San Diego, CA 92123

Oxford University Press
1600 Pollitt Drive
Fair Lawn, NJ 07410

Pocket Books
Simon and Schuster Bldg. 1230 Avenue of the Americas
New York, NY 10020

Prentice-Hall
Englewood Cliffs, NJ 07632

Putnam Publishing Company
200 Madison Avenue
New York, NY 10016

Random House
400 Hahn Road
Westminster, MD 21157

Research Press
Box 31773
Champaign, IL 61821

Charles Scribner's and Sons
Order Department
Front and Brown Streets
Riverside, NJ 08075

Scott, Foresman and Company
1900 East Lake Avenue
Glenview, IL 60025

Teachers College Press
1234 Amsterdam Avenue
New York, NY 10027

The Benjamin/Cummings Publishing Company Subsidary of Addison-Wesley Publishing Company
2727 Sand Hill Road
Menlo Park, CA 94025

Charles C. Thomas
2600 South First Street
Springfield, IL 62717

Times Mirror
P.O. Box 23951
Los Angeles, CA 90023

University of California Press
2120 Berkley Way
Berkley, CA 94720

University of Chicago Press
11030 South Langley Avenue
Chicago, IL 60628

University of Nebraska Press
901 North 17th Street
Lincoln, NE 68588

Wadsworth Publishing Company
10 Davis Drive
Belmont, CA 94002

Washington Square Press, Inc.
Division of Simon and Schuster, Inc.
1230 Avenue of the Americas
New York, NY 10020

West Publishing Company
50 West Kellogg Boulevard
St. Paul, MN 55146-0526

John Wiley and Sons
605 Third Avenue
New York, NY 10158

B.L. Winch
45 Hitching Post Drive Bldg. 2
Rolling Hills Estates, CA 90274

O'Sullivan Woodside
Caroline House Publishers, Inc.
236 Forest Park Place
Ottawa, IL 61350

Worth Publishing
444 Park Avenue South
New York, NY 10016

## AUDIOVISUALS

NETCHE
Nebraska Education Television
Council for Higher Education
1800 North 33rd
Lincoln, NE 68503

Concept Media
P.O. Box 19542
Irvine, CA 92714

Davidson Films
850 O'Neill Avenue
Belmont, CA 94002

Dr. R. Formanek
Hofstra University
1000 Fulton Avenue
Hempstead, NY 11550

Guidance Associates
Communications Park,
Box 3000
Mount Kisco, NY 10549-0900

Lifecircle
Majorie M. Pyle, R.N.C.
2378 Cornell Drive
Costa Mesa, CA 92626

Modern Talking Picture Service
5000 Park Street North
St. Petersburg, FL 30709

Parents Magazine Filmstrip
Distributed by PMF Films, Inc.
Communications Park,
Box 5000
Mount Kisco, NY 10549

Perennial Education
477 Roger Williams
P.O. Box 855 Ravinia
Highland Park, IL 60035

Teaching Aids, Inc.
P.O. Box 1798
Costa Mesa, CA 92628-0798

Time Life Video
100 Eisenhower Drive
P.O. Box 644
Paramus, NJ 07652

The Media Guild
P.O. Box 881
Solana Beach, CA 92075

University of Illinois Film Library
1325 South Oak Street
Champaign, IL 61820

University of Texas at Austin Film Libraries
Extension Instruction and Materials Center
P.O. Box 7218
Austin, TX 78713-7218